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

2018/2019	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	10,142	159,351	127,464	96,938	174,444	95,604	120,412	141,289	125,415	127,285			1,178,345
COBRA Self Pay	115	77	77	77	1,424	115	38	77	115	38			2,152
Retired Self Pay	20,820	14,539	14,540	13,081	13,324	13,140	12,898	13,451	11,747	12,089			139,628
Liquidated Damages	0	0	0	0	139	581	135	135	135	0			1,125
Interest on Delinquency	0	0	0	0	151	550	129	130	129	0			1,088
Interest Income	3,219	4,616	1,853	1,500	2,066	3,710	3,377	4,639	2,405	1,535			28,919
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0			0
Schwab Unrealized Gain/Loss	(1,089)	(201)	(63)	(145)	1,022	593	(1,196)	(198)	(64)	940			(400)
Total Income	**33,207**	**178,382**	**143,870**	**111,451**	**192,571**	**114,292**	**135,793**	**159,522**	**139,882**	**141,888**	**0**	**0**	**1,350,858**
Expenses													
Administration Fee	8,027	8,027	8,027	8,027	8,027	8,027	8,027	8,027	8,027	8,268			80,509
Audit Fee	0	0	0	0	0	0	9,500	0	2,400	0			11,900
Bank Charges	84	(84)	104	(11)	(93)	0	0	0	0	0			0
Ben Paid-GCN	1,370	914	2,267	1,370	1,370	1,370	1,370	1,370	1,370	1,370			14,144
Bond Expense	357	0	0	0	0	0	0	0	0	0			357
Dental Premiums	5,635	6,717	6,086	6,101	5,860	6,163	5,980	5,696	5,831	5,771			59,840
Vision Premiums	1,071	1,084	1,070	1,091	1,070	1,064	1,043	1,049	1,036	1,029			10,606
Ins Premium Life *	(710)	1,524	1,510	1,510	1,510	1,606	1,517	1,438	1,469	1,469			12,841
Ins Premium - STD, AD&D *	(865)	1,076	1,067	973	1,067	1,141	1,076	1,021	1,040	1,040			8,636
Kaiser Premium-Act	117,285	113,427	116,628	117,914	112,750	111,015	108,514	105,061	107,713	110,027			1,120,334
Kaiser Premium-Ret	9,851	9,851	9,851	9,495	9,796	8,811	9,057	8,424	8,485	8,154			91,774
Kaiser Premium-COBRA	0	0	0	0	0	2,379	1,190	1,190	(3,569)	0			1,190
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	125	121	18	125	126	22	119	136	0			792
Legal Fees	0	200	0	0	4,601	4,235	1,705	0	180	0			10,921
Payroll Taxes 941	0	0	0	0	0	0	0	0	0	0			0
Postage Expense	12	0	0	4	0	0	0	0	0	15			31
Printing & Stationery Exp	0	0	0	0	0	52	0	0	204	27			284
Professional Associations	0	0	0	0	0	0	0	0	0	0			0
Fiduciary Resp Insurance	1,859	0	0	0	0	0	0	0	1,411	0			3,269
Trustee Expense	0	0	0	0	0	0	0	0	0	0			0
Office Supply	0	0	0	0	0	0	0	0	0	0			0
Miscellaneous Expense	0	0	0	0	0	0	0	0	0	0			0
IFEBP	1,004	0	0	0	0	0	0	0	208	0			1,212
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0			0
Wire Fee	0	0	14	6	0	0	0	0	0	0			20
Total Expenses	**144,981**	**142,861**	**146,743**	**146,498**	**146,084**	**145,988**	**149,001**	**133,395**	**135,939**	**137,168**	**0**	**0**	**1,428,659**
Gain/Loss	**(111,774)**	**35,520**	**(2,873)**	**(35,047)**	**46,487**	**(31,696)**	**(13,207)**	**26,126**	**3,943**	**4,720**	**0**	**0**	**(77,801)**

* March Includes credits of $709.56 for Life & $864.80 for Disability

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For December 31, 2018

ASSETS

Current Assets		
PNC Bank (0355)	$ 113.13	
PNC Bank MM (0347)	693,620.15	
CIT 3966	50,000.00	
Synovus	249,000.00	
Charles Schwab 1268	1,609,613.00	
Due to Charles Schwab	770.97	
Prepaid Expenses	1,037.50	
Prepaid Insurance Premium	2,450.70	
Total Assets		$ 2,606,605.45

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	$ 422.41	
Total Liabilities		422.41
Capital		
Retained Earnings	2,683,984.01	
Net Income	(77,800.97)	
Total Capital		2,606,183.04
Total Liabilities & Capital		$ 2,606,605.45

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For December 31, 2018

		Dec-18
Income		
Contributions	$	127,285.48
Cobra Payments		38.24
Interest Earned		1,535.01
Retiree Contributions		12,089.17
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
Schwab Unrealized Gain/Loss		939.79
Total Income		141,887.69
Expenses		
Vision Insurance		1,028.60
Medical Reimbursement		0.00
Plan/Trust Administration		8,267.59
Bank Charges		0.00
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		118,180.30
Medical Insurance (GCN)		1,370.46
Dental Insurance		5,770.96
Legal Expenses		0.00
Misc Expenses		0.00
IFEBP		0.00
Travel Expenses		0.00
Payroll Taxes 940		0.00
Payroll Taxes 941		0.00
Postage Expense		14.57
Office Supply		0.00
Printing Expense		27.01
Salaries		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,468.80
Short Term Disability		1,039.60
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		137,167.89
Net Income	$	4,719.80

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Dec-18

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Accumail, Inc.	5197	5,818.66	10928	12/3/2018	Payment for 11/18
Doyle Printing & Offset	5187	11,605.16	25829	12/10/2018	Payment for 11/18
H&H Bindery	5189	4,390.20	11962	12/10/2018	Payment for 11/18
Union HQ Staff	5196	1,897.68	10242	12/3/2018	Payment for 11/18
Kelly Press	5193	32,802.48	613819	12/3/2018	Payment for 11/18
Mosaic Bookbinders	5185	33,122.16	ACH	12/10/2018	Payment for 11/18
Mosaic Lithographers	5194	29,141.56	ACH	12/10/2018	Payment for 11/18
Raff Embossing & Foilcraft	5183	4,919.62	21076	12/28/2018	Payment for 11/18
Raff Embossing & Foilcraft	5183	3,155.00	21077	12/28/2018	Payment for 11/18
Raff Embossing & Foilcraft	5183	432.96	21078	12/28/2018	Payment for 11/18
Total Contributions:		**127,285.48**			
		-			
Total Late Fees/Liquidated Damages:		**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From December 1, 2018 to December 31, 2018

Date	Check #	Payee	Amount
12/17/18	1715	Associated Administrators, LLC	8,309.17
12/17/18	1716	National Vision Administrators, LLC	1,028.60
12/17/18	1717	Mutual Of Omaha	2,508.40
12/17/18	1718	CHLIC	5,770.96
12/17/18	1719	Graphic Communications National H&W Fund	1,370.46
12/17/18	1720	Kaiser Foundation Health Plan	118,180.30
Total			**137,167.89**