

STATEMENT OF CHANGES IN FUND BALANCE (RESERVE FOR FUTURE BENEFITS)

ADDITIONS TO FUND BALANCE

<u>Item</u>		
1. Contributions: (Exclude amounts entered in Item 2)		
(a) Employer (Schedule 1)		<u>19,841,357</u>
(b) Employee		<u>1,917,452</u>
(c) Other (Specify) _____		
(d) Total Contributions		<u>21,758,809</u>
2. Dividends and Experience Rating Refunds from Insurance Companies		
3. Investment Income:		
(a) Interest		<u>85,061</u>
(b) Dividends		
(c) Rents		
(d) Other (Specify) _____		
(e) Total Income from Investments		<u>85,061</u>
4. Profit on disposal of investments		
5. Increase by adjustment in asset values of investments		
6. Other Additions: (Itemize)		
(a) Stop Loss Recovery		<u>343,135</u>
(b) _____		
(c) Total Other Additions		<u>343,135</u>
7. Total Additions		<u>22,187,005</u>

DEDUCTIONS FROM FUND BALANCE

8. Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)		<u>191,528</u>
9. Benefits Provided Directly by the Trust or Separately Maintained Fund		<u>18,786,123</u>
10. Payments to an Organization Maintained by the Plan for the Purpose of Providing Benefits to Participants (Attach latest operating statement of the Organization showing detail of administrative expenses, supplies, fees,		
11. Payments of Contract Fees Paid to Independent Organizations or Individuals Providing Plan Benefits (Clinics, Hospitals, Doctors, etc.)		
12. Administrative Expenses:		
(a) Salaries (Schedule 2)		
(b) Allowances, Expenses, etc. (Schedule 2)		
(c) Taxes		
(d) Fees and Commissions (Schedule 3)		<u>1,178,432</u>
(e) Rent		
(f) Insurance Premiums		<u>19,369</u>
(g) Fidelity Bond Premiums		<u>2,634</u>
(h) Other Administrative Expenses (Specify See Attached)		<u>7,730</u>
(i) Total Administrative Expenses		<u>1,208,165</u>
13. Loss on disposal of investments		
14. Decrease by adjustment in asset values of investments		
15. Other Deductions: (Itemize)		
(a) _____		
(b) _____		
(c) Total Other Deductions		
16. Total Deductions		<u>20,185,816</u>

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year)		<u>(1,346,252)</u>
18. Total Additions During Year (Item 7)		<u>22,187,005</u>
19. Total Deductions During Year (Item 16)		<u>20,185,816</u>
20. Total Net Increase (Decrease)		<u>2,001,189</u>
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets and Liabilities)		<u>654,937</u>

## STATEMENT OF ASSETS AND LIABILITIES

ASSETSEnd of  
Reporting YearItem

1. Cash	
2. Receivables:	
(a) Contributions:	
(1) Employer	319,771
(2) Other (Specify) <u>Formulary Rebates</u>	36,117
(b) Dividends or Experience Rating Refunds	
(c) Other (Specify) <u>Interest and other receivable</u>	510,044
3. Investments (Other than Real Estate):	
(a) Bank Deposits At Interest and Deposits or Shares in Savings and Loan Associations	3,301,921
(b) Stocks:	
(1) Preferred	
(2) Common	
(c) Bonds and Debentures:	
(1) Government Obligations	
(a) Federal	
(b) State and Municipal	
(2) Foreign Government Obligations	
(3) Non-Government Obligations	
(d) Common Trusts-	
(1) (Identify) _____	
(2) (Identify) _____	
e) Subsidiary Organizations	
(Identify and Indicate Percentage of Ownership by this plan in the subsidiary)	
(1) _____ % _____	
(2) _____ % _____	
4. Real Estate Loans and Mortgages	
5. Loans and Notes Receivable: (Other than Real Estate)	
(a) Secured	
(b) Unsecured	
6. Real Estate:	
(a) Operated	
(b) Other Real Estate	
7. Other Assets:	
(a) Accrued Income	
(b) Prepaid	84,367
(c) Other (Specify) <u>Deposits Held for Claims</u>	150,000
8. Total Assets	4,402,220

LIABILITIES

9. Insurance and Annuity Premiums Payable	
10. Unpaid Claims (Not Covered by Insurance)	3,000,716
11. Accounts Payable	
12. Accrued Expenses	74,412
13. Other Liabilities (Specify) <u>Advance Premium Contributions</u>	672,155
14. Reserve for Future Benefits (Fund Balance)	654,937
15. Total Liabilities and Reserves	4,402,220

ADDITIONAL INFORMATION IS AVAILABLE

REPORT ON EXAMINATION: fund is subject to periodic examination by the New York State Insurance Department. All employee-members of the fund. All contributing employers and the Participating unions may inspect the Reports on Examination at the New York State Insurance Department upon presentation of proper credentials. If you wish to see the Report please contact the New York State Insurance Department Life Insurance Companies Bureau, 160 West Broadway, New York, NY 10013 – Telephone 212-602-0309

OTHER INFORMATION: Also available for inspection-to the public generally-are the annual statements and registration documents filed by the Fund. These may be inspected during working hours at the above address, or at the office of the Fund.

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STATE OF New York

COUNTY OF Suffolk

SS.

and

Trustees of the Fund and

affirm, under the penalties of perjury that the contents of this Annual Report are true and hereby subscribe thereto.

Employer trustee:



Employee trustee:



