

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

2019/2020	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	160,751	93,961	162,918	88,371	122,709	122,513	130,148	115,538	129,134	121,329		1,247,372
COBRA Self Pay	38	1,474	0	0	0	0	0	0	0	0	0		1,512
Retired Self Pay	17,397	12,001	11,749	11,756	12,309	12,058	11,079	11,127	12,351	10,830	13,028		135,686
Liquidated Damages	0	0	135	255	0	120	120	240	0	120	117		1,107
Interest on Delinquency	0	0	118	212	0	94	94	189	0	94	98		899
Interest Income	7,032	5,035	3,415	1,846	3,629	1,793	6,563	6,665	3,160	1,548	3,386		44,072
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0	0		0
Schwab Unrealized Gain/Loss	986	896	(284)	3,627	3,720	2,281	(311)	479	831	(2,452)	189		9,962
Total Income	25,453	180,156	109,094	180,615	108,029	139,055	140,058	148,848	131,881	139,275	138,146	0	1,440,610
Expenses													
Administration Fee	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,268	8,516	8,516		91,440
Audit Fee	0	0	0	0	0	0	9,500	0	0	1,105	0		10,605
Bank Charges	103	98	104	96	106	87	133	82	80	86	87		1,062
Ben Paid-GCN	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,476		15,181
Bond Expense	357	0	0	0	0	0	0	0	0	0	0		357
Dental Premiums	5,934	0	11,782	0	11,785	5,908	5,752	5,878	5,862	5,892	5,770		64,562
Vision Premiums	1,022	1,043	1,029	1,029	1,001	987	1,001	987	980	1,001	966		11,044
Ins Premium Life	1,555	1,486	1,471	1,435	1,462	1,382	1,399	1,423	1,423	1,433	1,454		15,924
Ins Premium - STD, AD&D	1,076	1,040	1,030	1,003	1,021	994	984	975	994	994	1,012		11,123
Kaiser Premium-Act	117,680	127,987	115,651	117,437	111,245	111,010	114,935	109,701	110,182	109,461	105,310		1,250,598
Kaiser Premium-Ret	8,523	8,510	7,661	7,963	7,963	6,485	7,963	7,963	7,716	7,716	7,895		86,356
Kaiser Premium-COBRA	0	0	2,617	1,309	(2,617)	0	0	0	0	0	0		1,309
Consulting Fees	0	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		0
Meeting Expense	0	126	154	0	126	126	10	126	0	188	125		983
Legal Fees	0	965	965	2,120	0	150	0	0	245	1,687	6,595		12,727
Payroll Taxes 941	0	0	0	0	0	0	0	0	0	0	0		0
Postage Expense	0	0	0	322	36	0	0	0	5	12	0		375
Printing & Stationery Exp	0	0	0	78	831	0	0	0	36	4	0		950
Professional Associations	0	0	0	0	0	0	0	0	0	0	0		0
Fiduciary Resp Insurance	1,859	0	0	0	0	0	0	1,368	0	0	0		3,226
Trustee Expense	0	0	0	0	0	0	0	0	0	0	0		0
Office Supply	0	0	0	0	0	0	0	0	0	0	0		0
Miscellaneous Expense	0	0	0	0	0	0	0	0	0	0	0		0
IFEBP	1,038	0	0	0	0	0	0	0	178	0	0		1,215
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0	0		0
Wire Fee	0	0	0	0	0	0	0	0	0	0	0		0
Total Expenses	148,784	150,892	152,103	142,429	142,596	136,766	151,316	138,142	137,337	139,464	139,206	0	1,579,035
Gain/Loss	(123,330)	29,264	(43,008)	38,185	(34,567)	2,289	(11,258)	10,706	(5,457)	(189)	(1,060)	0	(138,425)

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For January 31, 2020

ASSETS

Current Assets

PNC Bank (0355)	\$ 166.72
PNC Bank MM (0347)	618,618.85
CIT 3966	50,000.00
Synovus	249,000.00
Charles Schwab 1268	1,665,790.54
Due to Charles Schwab	770.71
Prepaid Expenses	887.50
Prepaid Insurance Premium	<u>2,033.98</u>

Total Assets	<u><u>\$ 2,587,268.30</u></u>
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LIABILITIES AND CAPITAL

Current Liabilities

Prepaid Contributions	<u>\$ 720.05</u>
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Total Liabilities	<u>720.05</u>
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Capital

Retained Earnings	2,724,973.12
Net Income	<u>(138,424.87)</u>

Total Capital	<u>2,586,548.25</u>
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Total Liabilities & Capital	<u><u>\$ 2,587,268.30</u></u>
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Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For January 31, 2020

Jan-20

Income

Contributions	\$ 121,328.84
Cobra Payments	0.00
Interest Earned	3,386.04
Retiree Contributions	13,027.72
Liquidated Damages	116.60
Interest on Late Contributions	97.55
Express Scripts Refunds	0.00
Schwab Unrealized Gain/Loss	189.25

Total Income	<u>138,146.00</u>
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Expenses

Vision Insurance	966.05
Medical Reimbursement	0.00
Plan/Trust Administration	8,515.62
Bank Charges	86.78
Accounting, Auditing, Consulting	0.00
Bond Insurance Expense	0.00
Fiduciary Liability Insurance	0.00
Medical Insurance (Kaiser)	113,204.99
Medical Insurance (GCN)	1,476.00
Dental Insurance	5,769.60
Legal Expenses	6,594.90
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	1,454.40
Short Term Disability	1,012.00
Consulting Fees	0.00
Investment Advisor Fee	0.00
Meeting Expense	125.35
Wire Fee	0.00

Total Expenses	<u>139,205.69</u>
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Net Income	<u><u>(\$ 1,059.69)</u></u>
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Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Jan-20

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Accumail, Inc.	5197	4,934.08	11379	1/6/2020	Payment for 12/19
Doyle Printing & Offset	5187	11,018.12	27943	1/10/2020	Payment for 12/19
H&H Bindery	5189	3,271.58	12483	1/10/2020	Payment for 12/19
Union HQ Staff	5196	1,962.95	10656	1/2/2020	Payment for 12/19
Kelly Press	5193	31,745.96	617505	1/8/2020	Payment for 12/19
Mosaic Bookbinders	5185	34,088.36	ACH	1/10/2020	Payment for 12/19
Mosaic Lithographers	5194	28,102.56	ACH	1/10/2020	Payment for 12/19
Raff Embossing & Foilcraft	5183	2,617.27	21907	1/31/2020	Payment for 12/19
Raff Embossing & Foilcraft	5183	3,155.00	21909	1/31/2020	Payment for 12/19
Raff Embossing & Foilcraft	5183	<u>432.96</u>	21910	1/31/2020	Payment for 12/19
Total Contributions:		<u><u>121,328.84</u></u>			
Raff Embossing & Foilcraft	5183	97.55	21908	1/31/2020	Payment for November Late Fees
Raff Embossing & Foilcraft	5183	<u>116.60</u>	21908	1/31/2020	Partial Payment for November Liquidated Damages
Total Late Fees/Liquidated Damages:		<u><u>214.15</u></u>			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From January 1, 2020 to January 31, 2020

Date	Check #	Payee	Amount
1/17/20	1812	Associated Administrators, LLC	8,515.62
1/17/20	1813	David King	125.35
1/17/20	1814	Mooney, Green, Saindon, Murphy & Welch	6,594.90
1/17/20	1815	Graphic Communications National H&W Fund	1,476.00
1/17/20	1816	National Vision Administrators, LLC	966.05
1/17/20	1817	Mutual Of Omaha	2,466.40
1/17/20	1818	Kaiser Foundation Health Plan	113,204.99
1/23/20	1819	CHLIC	5,769.60
Total			<u>139,118.91</u>