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

2020/2021	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	134,495	165,858	56,253	101,446	125,016	130,626	101,774	74,022	117,657	110,229		1,117,377
COBRA Self Pay	0	0	0	0	0	0	0	0	0	0	0		0
Retired Self Pay	17,752	11,791	10,404	13,184	13,251	8,933	14,451	10,901	8,872	10,918	13,549		134,006
Liquidated Damages	0	0	0	0	0	0	0	90	105	105	0		300
Interest on Delinquency	0	0	0	0	98	0	176	72	84	86	0		515
Interest Income	5,885	6,039	2,596	1,155	2,850	1,163	4,504	6,010	2,587	962	1,018		34,770
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0	0		0
Schwab Unrealized Gain/Loss	4,646	568	3,555	(1,840)	(2,181)	(1,737)	(1,539)	(1,526)	(1,196)	(860)	(1,098)		(3,209)
Total Income	**28,283**	**152,892**	**182,413**	**68,752**	**115,464**	**133,375**	**148,218**	**117,321**	**84,473**	**128,868**	**123,698**	**0**	**1,283,759**
Expenses													
Administration Fee	8,516	8,516	8,516	8,516	8,516	8,516	8,516	8,516	8,516	8,686	8,860		94,187
Audit Fee	0	0	0	0	0	0	9,500	0	2,210	0	0		11,710
Bank Charges	89	89	88	88	92	93	137	115	89	85	90		1,055
Ben Paid-GCN	1,476	1,476	1,476	1,476	1,476	1,476	1,476	1,476	1,476	1,476	1,476		16,236
Bond Expense	119	0	0	0	0	122	0	0	0	0	0		241
Dental Premiums	6,036	6,155	5,853	6,372	140	6,262	6,009	5,930	5,947	5,414	4,998		59,116
Vision Premiums	966	1,008	987	1,029	1,008	1,008	987	987	973	994	917		10,863
Ins Premium Life	1,452	1,426	1,558	1,462	1,534	1,524	1,488	1,488	1,488	1,488	1,440		16,346
Ins Premium - STD, AD&D	994	994	1,067	1,021	1,095	1,076	1,049	1,049	1,049	1,049	1,049		11,491
Kaiser Premium-Act	114,113	120,528	126,441	124,253	128,694	122,053	121,347	130,691	107,774	102,602	101,269		1,299,765
Kaiser Premium-Ret	7,895	7,895	7,895	7,895	7,895	7,335	7,839	7,587	6,467	7,027	5,751		81,478
Kaiser Premium-COBRA	0	0	0	0	0	0	0	0	0	0	0		0
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	0	11	0	0	0	0	0	0	0	0		11
Legal Fees	193	4,190	705	0	0	2,765	2,663	1,843	660	2,393	1,238		16,648
Payroll Taxes 941	0	0	0	0	0	0	0	0	0	0	0		0
Postage Expense	1,287	86	54	0	0	55	55	75	0	0	0		1,612
Printing Expense	771	51	82	0	94	26	26	88	0	0	29		1,167
Professional Associations	0	0	0	0	0	0	0	0	0	0	0		0
Fiduciary Resp Insurance	1,915	0	0	0	0	0	0	1,368	0	0	0		3,283
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
Cyber Liability Insurance	1,917	0	0	0	0	0	0	0	0	0	0		1,917
IFEBP	888	0	0	0	0	0	0	178	0	0	0		1,065
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	**148,624**	**152,413**	**154,732**	**152,111**	**150,542**	**152,310**	**161,091**	**161,389**	**136,648**	**131,213**	**127,116**	**0**	**1,628,189**
Gain/Loss	**(120,341)**	**479**	**27,681**	**(83,358)**	**(35,078)**	**(18,935)**	**(12,873)**	**(44,068)**	**(52,175)**	**(2,345)**	**(3,418)**	**0**	**(344,431)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For January 31, 2021

ASSETS

Current Assets			
PNC Bank (0355)	$	152.13	
PNC Bank MM (0347)		356,434.62	
CIT 3966		50,000.00	
Synovus		249,000.00	
Charles Schwab 1268		1,697,909.07	
Due to Charles Schwab		709.35	
Prepaid Expenses		887.50	
Prepaid Insurance Premium		2,343.62	
Total Assets			$ 2,357,436.29

LIABILITIES AND CAPITAL

Current Liabilities			
Prepaid Contributions	$	752.80	
Total Liabilities			752.80
Capital			
Retained Earnings		2,701,114.11	
Net Income		(344,430.62)	
Total Capital			2,356,683.49
Total Liabilities & Capital			$ 2,357,436.29

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For January 31, 2021

		Jan-21
Income		
Contributions	$	110,229.20
Cobra Payments		0.00
Interest Earned		1,018.22
Retiree Contributions		13,549.09
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
Schwab Unrealized Gain/Loss		(1,098.38)
Total Income		123,698.13
Expenses		
Vision Insurance		917.40
Medical Reimbursement		0.00
Plan/Trust Administration		8,860.00
Bank Charges		89.61
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		107,019.41
Medical Insurance (GCN)		1,476.00
Dental Insurance		4,998.48
Cyber Liability Insurance		0.00
Legal Expenses		1,237.50
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		28.60
Salaries		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,440.00
Short Term Disability		1,048.80
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		127,115.80
Net Income	($	3,417.67)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Jan-21

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Accumail, Inc.	5197	3,367.72	11709	1/6/2021	Payment for 12/20
Doyle Printing & Offset	5187	10,490.96	29704	1/11/2021	Payment for 12/20
H&H Bindery	5189	3,271.58	12904	1/11/2021	Payment for 12/20
H&H Bindery	5189	434.31	12905	1/11/2021	Payment for 12/20
Union HQ Staff	5196	3,705.89	11032	1/4/2021	Payment for 12/20
Union HQ Staff	5196	3,705.89	11065	1/25/2021	Payment for 1/21
Kelly Press	5193	26,220.76	620177	1/6/2021	Payment for 12/20
Mosaic Bookbinders	5185	31,176.56	ACH	1/8/2021	Payment for 12/20
Mosaic Lithographers	5194	22,927.44	ACH	1/8/2021	Payment for 12/20
Raff Embossing & Foilcraft	5183	4,777.37	22480	1/25/2021	Payment for 12/20
Raff Embossing & Foilcraft	5183	150.72	22481	1/25/2021	Payment for 12/20
Total Contributions:		**110,229.20**			
		-			
Total Late Fees/Liquidated Damages:		**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From January 1, 2021 to January 31, 2021

Date	Check #	Payee	Amount
1/26/21	1900	Associated Administrators, LLC	8,888.60
1/26/21	1901	Mooney, Green, Saindon, Murphy & Welch	1,237.50
1/26/21	1902	National Vision Administrators, LLC	917.40
1/26/21	1903	CHLIC	4,998.48
1/26/21	1904	Mutual Of Omaha	2,488.80
1/26/21	1905	Graphic Communications National H&W Fund	1,476.00
1/26/21	1906	Kaiser Foundation Health Plan	107,019.41
Total			**127,026.19**