Pressmen Welfare Fund
Balance Sheet
August 31, 2020

ASSETS

Current Assets		
PNC - Operating Checking	$ 1,111,614.42	
PNC - Benefit Checking	(2,582.00)	
Interest Receivable	5,420.00	
A/R Trustees	1,150.00	
Prepaid Expenses	2,110.05	
A/R - LDs and Int on Delinq.	1,707.82	
Total Current Assets		1,119,420.29
Property and Equipment		
Total Property and Equipment		0.00
Other Assets		
Fidelity investment	655,162.41	
Certificate of Deposit	198,220.00	
Total Other Assets		853,382.41
Total Assets		$ 1,972,802.70

LIABILITIES AND CAPITAL

Current Liabilities		
Total Current Liabilities		0.00
Long-Term Liabilities		
Total Long-Term Liabilities		0.00
Total Liabilities		0.00
Capital		
Retained Earning Acct	$ 2,123,045.42	
Fund Balance	11,420.00	
Net Income	(161,662.72)	
Total Capital		1,972,802.70
Total Liabilities & Capital		$ 1,972,802.70

PRESSMEN WELFARE FUND
STATEMENT OF GAIN OR LOSS

2020	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
# REPORTED	**149**	**146**	**138**	**123**	**149**	**130**	**132**	**101**					
													0
INCOME:													
Contributions-Employer	135,200	130,805	139,345	111,728	148,122	129,846	127,251	90,172					1,012,469
Contributions-Employee	28,514	27,494	32,003	18,914	185	0	0	0					107,110
Cobra Self Pay	0	0	0	985	1,022	37	0	0					2,044
Retired Self Pay	884	884	884	884	884	884	1,768	0					7,072
Liquidated Damages	0	0	0	0	0	0	0	0					0
Interest Income	0	0	0	2,889	0	1,052	2,669	0					6,610
Interest on Delinquency	0	0	0	0	0	0	0	0					0
Miscellaneous Income	0	0	0	0	0	0	0	0					0
Gain(Loss) - Fidelity	(213)	(49,137)	(67,630)	58,636	25,780	11,255	29,981	43,932					52,605
TOTAL INCOME	**164,385**	**110,046**	**104,602**	**194,036**	**175,993**	**143,075**	**161,669**	**134,104**	**0**	**0**	**0**	**0**	**1,187,910**
EXPENSES:													
Actuarial Fee	1,875	0	0	0	0	0	3,750	0					5,625
Administration Fee	9,084	28,259	9,175	9,175	9,175	9,175	9,175	9,175					92,393
Admin. Misc. Charges	0	0	0	0	0	0	0	0					0
Audit Fee	0	0	0	0	0	0	5,800	0					5,800
Bank Charges	306	298	300	375	399	382	409	377					2,845
Benefits Paid - Dental	1,262	0	2,863	287	326	2,340	1,867	1,502					10,447
Benefits Paid - GDS	3,489	3,454	3,383	3,031	3,031	3,032	1,428	2,854					23,701
Cyber Liability Insurance	0	0	0	0	198	0	1,013	0					1,211
Consultant	0	0	0	0	0	0	0	0					0
Dues & Subscriptions	0	0	0	0	0	0	0	0					0
Fiduciary Resp. Insurance	0	0	0	0	0	0	0	0					0
Kaiser-Active Signature	142,800	0	73,996	73,996	55,183	66,471	76,680	65,217					554,343
Kaiser-Cobra Signature	0	0	0	0	0	0	0	5,865					5,865
Kaiser-Active DHMO/SEL	0	3,386	3,386	3,386	3,386	3,386	3,386	3,386					23,703
Kaiser-Active DHMO/SIG	68,833	76,393	66,207	59,117	52,626	70,752	50,849	50,929					495,706
Kaiser-Active DHMO/MV/SIG	1,911	5,096	2,548	2,548	3,185	6,367	637	3,185					25,477
Kaiser-Retiree Signature	0	0	0	0	0	0	0	0					0
Life and AD&D Insurance	1,688	696	1,610	1,523	903	903	1,349	1,349					10,021
Disability Insurance	0	992	2,294	2,170	1,283	1,283	1,922	1,922					11,866
Legal Fees	192	0	0	0	13,080	1,088	1,603	0					15,963
Meeting	192	0	0	132	0	0	0	0					324
Postage	25	107	8	73	92	61	0	0					366
Printing/Stationary	0	1	1	0	0	12	67	0					81
Payroll Audit	0	0	0	0	0	0	0	0					0
Registration Fee	2,555	0	0	0	0	0	0	0					2,555
Travel Expense	0	0	0	0	0	0	0	0					0
Trustee Expense	0	0	0	0	0	0	0	0					0
Misc Expense *				0	0	0	0	**(238)**					(238)
TOTAL EXPENSES	**234,212**	**118,682**	**165,771**	**155,813**	**142,866**	**165,252**	**159,936**	**145,524**	**0**	**0**	**0**	**0**	**1,288,056**
GAIN/LOSS	**(69,827)**	**(8,636)**	**(61,169)**	**38,223**	**33,127**	**(22,177)**	**1,734**	**(11,420)**	**0**	**0**	**0**	**0**	**(100,146)**

Misc Expense * Refund for Crime Policy for Prior Year

Pressmen Welfare Fund
Income Statement
For the Eight Months Ending August 31, 2020

	Current Month	Year to Date
Revenues		
ER Contributions	$ 90,172.00	$ 976,091.32
EE Contributions	0.00	83,894.84
Cobra Self Pay	0.00	2,043.68
Retiree Self Pay	0.00	7,072.00
Interest	0.00	1,052.22
Dividends	0.00	5,557.67
Fidelity - Gain/Loss	43,932.33	52,604.79
Total Revenues	134,104.33	1,128,316.52
Cost of Sales		
Total Cost of Sales	0.00	0.00
Gross Profit	134,104.33	1,128,316.52
Expenses		
Actuarial Fee	0.00	5,625.00
Administrative Fee	9,175.00	92,393.08
Audit Fee	0.00	5,800.00
Bank Service Charges	377.21	2,844.99
Benefits Paid - GDS	2,854.44	23,699.66
Benefits Paid - Dental	1,502.40	10,447.00
Kaiser - Active Signature	65,216.84	554,343.14
Kaiser - Cobra	5,865.49	5,865.49
Kaiser - Active DHMO/SELECT	3,386.14	23,702.98
Kaiser - Active DHMO/SIGNATURE	50,928.60	495,705.04
Kaiser - Active DHMO/MV/SIG	3,185.10	25,480.80
Insurance Premium - Disability	0.00	10,021.00
Insurance Premium - Life, AD&D	6,541.00	11,866.00
Legal Fees	0.00	17,885.00
Meeting Expenses	0.00	323.83
Postage Expenses	0.00	366.72
Printing & Stationery	0.00	81.23
Registration Fee	0.00	2,555.00
Crime Policy	(238.00)	(238.00)
Cyber Liability Insurance	0.00	1,210.95
Rounding Account	0.00	0.33
Total Expenses	148,794.22	1,289,979.24
Net Income	($ 14,689.89)	($ 161,662.72)

PRESSMEN WELFARE FUND
CASH RECEIPTS AND HOURS
AUGUST 2020

EMP#	EMPLOYER NAME	Contract Name	Wk Per	REC_DATE	Fund	$REPORTED$$	$COMPUTED$	BALANCE	MCnt	QUANTITY	APP
72-5170	DOYLE PRINTING	DOYLE MINIMUM VALUE	202007	8/11/2020	72W	13,935.00	13,935.00	0.00	15	15.00	FFER
72-5170	DOYLE PRINTING	DOYLEHMO SIGNATURE92	202007	8/11/2020	72W	8,361.00	8,361.00	0.00	9	9.00	FFER
72-5301	H & H BINDERY I	DHMO SIGNATURE 1200+	202007	8/11/2020	72W	1,281.00	1,200.00	-81.00	1	1.00	FFER
72-5301	H & H BINDERY I	DHMO SELECT 1200+563	202007	8/11/2020	72W	0.00	0.00	0.00	0	0.00	FFER
72-5301	H & H BINDERY I	HMO SIGNATURE 1200+1	202007	8/11/2020	72W	0.00	0.00	0.00	0	0.00	FFER
72-5301	H & H BINDERY I	MINIMUM VALUE 1200+0	202006	8/13/2020	72W	0.00	0.00	0.00	0	0.00	FFER
72-5360	LINEMARK PRINTI	DHMO SIGNATURE 929+0	202007	8/13/2020	72W	28,799.00	28,799.00	0.00	31	31.00	FFER
72-5360	LINEMARK PRINTI	HMO SIGNATURE 929+39	202007	8/13/2020	72W	12,077.00	12,077.00	0.00	13	13.00	FFER
72-5360	LINEMARK PRINTI	MINIMUM VALUE 929+0	202007	8/13/2020	72W	929.00	929.00	0.00	1	1.00	FFER
72-5360	LINEMARK PRINTI	EE DEP OF EE	202007	8/21/2020	72W	0.00	0.00	0.00	1	1.00	FFER
72-5370	DAVID L ANDRUKI	HMO SIGNATURE 874+45	202007	8/25/2020	72W	2,622.00	2,622.00	0.00	3	3.00	FFER
72-5405	MT VERNON PRINT	DHMO SIGNATURE 804+1	202005	8/20/2020	72W	2,412.00	2,412.00	0.00	3	3.00	FFER
72-5405	MT VERNON PRINT	DHMO SIGNATURE 804+1	202007	8/20/2020	72W	8,040.00	8,040.00	0.00	10	10.00	FFER
72-5405	MT VERNON PRINT	HMO SIGNATURE 804+52	202007	8/20/2020	72W	7,236.00	7,236.00	0.00	9	9.00	FFER
72-5405	MT VERNON PRINT	DHMO SELECT 804+959	202007	8/20/2020	72W	0.00	0.00	0.00	0	0.00	FFER
72-5475	WASHINGTON PRIN	HMO SIGNATURE 944+38	202007	8/5/2020	72W	1,888.00	1,888.00	0.00	2	2.00	FFER
72-5476	BENCHMARK MARKE	DHMO SIGNATURE 734+1	202007	8/10/2020	72W	734.00	734.00	0.00	1	1.00	FFER
72-S170	DOYLE PRINTING	HMO SIGNATURE 929+39	202007	8/11/2020	72W	929.00	929.00	0.00	1	1.00	FFER
72-S170	DOYLE PRINTING	DHMO SIGNATURE 929+0	202007	8/11/2020	72W	929.00	929.00	0.00	1	1.00	FFER
						90,172.00	**90,091.00**	**-81.00**	**101**	**101**	**FFER**

Pressmen Welfare Fund
Check Register
For the Period From Aug 1, 2020 to Aug 31, 2020

Check #	Date	Payee	Amount	Account Description
6152	8/3/20	Kaiser Permanente 17989-0	65,216.84	Kaiser - Active Signature
6153	8/3/20	Kaiser Permanente 17989-12	3,386.14	Kaiser - Active DHMO/SELECT
6154	8/3/20	Kaiser Permanente 17989-9	50,928.60	Kaiser - Active DHMO/SIGNATURE
6155	8/3/20	Kaiser Permanente 17989-15	3,185.10	Kaiser - Active DHMO/MV/SIG
6156	8/3/20	Kaiser Permanente 17989-6	5,865.49	Kaiser - Cobra
6157	8/3/20	Associated Administrators, LLC	9,175.00	Administrative Fee
6158	8/10/20	Group Dental Services, Inc	1,391.98	Benefits Paid - GDS
6159	8/13/20	Mutual of Omaha	3,270.50	Insurance Premium - Life, AD&D
6160	8/17/20	Mutual of Omaha	3,270.50	Insurance Premium - Life, AD&D
Total			**145,690.15**	

PRESSMEN LOCAL 72 WELFARE FUND
ACCOUNTS RECEIVABLE
As of October 8, 2020

EMPLOYER ID #	COMPANY	WORK MONTH	DATE RECEIVED	INTEREST DUE	LIQUIDATED DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	CREDITS	DATE PAID	TOTAL
5305	**H&W Printing**	Feb-19	3/22/19	$ 20.40	$ -	$ 20.40	$ -	$ -		$ 20.40
		Sep-19	10/17/19	$ 11.90	$ -	$ 11.90	$ -	$ -		$ 11.90
		Nov-19	12/19/19	$ 15.75	$ -	$ 15.75	$ -	$ -		$ 15.75
		Feb-20	3/13/20	$ 53.51	$ -	$ 53.51	$ -	$ -		$ 53.51
				$ 101.56	$ -	$ 101.56			TOTAL DUE:	**$ 101.56**
5360	**Linemark**	Sep-19	10/21/19	$ 327.25	$ -	$ 327.25	$ -	$ -		$ 327.25
				$ 327.25	$ -	$ 327.25			TOTAL DUE:	**$ 327.25**
5370	**David L. Andrukitis**	Jun-18	7/26/18	$ -	$ 747.00	$ 747.00	$ -	$ -		$ 747.00
		Aug-18	9/27/18	$ -	$ 747.00	$ 747.00	$ -	$ -		$ 747.00
		Jun-19	7/29/19	$ 36.10	$ 768.60	$ 804.70	$ -	$ -		$ 804.70
		Jul-19	8/26/19	$ 30.40	$ 768.60	$ 799.00	$ -	$ -		$ 799.00
		Aug-19	9/26/19	$ 30.24	$ 768.60	$ 798.84	$ -	$ -		$ 798.84
		Sep-19	10/24/19	$ 26.46	$ -	$ 26.46	$ -	$ -		$ 26.46
		Oct-19	11/25/19	$ 29.40	$ -	$ 29.40	$ -	$ -		$ 29.40
		Nov-19	12/26/19	$ 31.36	$ 794.40	$ 825.76	$ -	$ -		$ 825.76
		Dec-19	1/23/20	$ 25.48	$ -	$ 25.48	$ -	$ -		$ 25.48
		Jan-20	2/24/20	$ 59.58	$ -	$ 59.58	$ -	$ -		$ 59.58
		Feb-20	3/25/20	$ 59.58	$ -	$ 59.58	$ -	$ -		$ 59.58
				$ 328.60	$ 4,594.20	$ 4,922.80			TOTAL DUE:	**$ 4,922.80**
5405	**Mt. Vernon Printing**	Nov-18	12/18/18	$ 91.52	$ -	$ 91.52	$ -	$ -		$ 91.52
		Oct-19	11/14/19	$ -	$ -	$ -	$ -	$ 115.00		$ (115.00)
		Nov-19	12/9/19	$ -	$ -	$ -	$ -	$ 115.00		$ (115.00)
		Dec-19	1/2/20	$ -	$ -	$ -	$ -	$ 115.00		$ (115.00)
		J. Ridgely has Minimum Value								
				$ 91.52	$ -	$ 91.52			TOTAL DUE:	**$ (253.48)**

Pressmen Welfare Fund
Cash Disbursements Journal
For the Period From Jun 1, 2020 to Aug 31, 2020

Date	Check #	Name	Line Description	Debit Amount
6/4/20	6131	Kaiser Permanente 17989-15	06/2020 Inv 202004-31310	6,367.08
6/4/20	6132	Kaiser Permanente 17989-0	06/2020 Inv 202004-31289	66,471.20
6/4/20	6133	Kaiser Permanente 17989-12	06/2020 Inv 202004-31303	3,386.14
6/4/20	6134	Kaiser Permanente 17989-9	06/2020 Inv 202004-31300	70,752.23
6/4/20	6135	Associated Administrators, LLC	06/2020 Admin Fee	9,175.00
6/4/20	6136	Group Dental Services, Inc	06/2020 Monthly Dental Premium	2,924.92
6/10/20	60017	Dental Benefit	06/10/2020 Claims Thunderbird Dental Office	1,000.00
6/10/20	60018	Dental Benefit	06/10/2020 Lawrence R Muller DDS	145.00
6/11/20	6137	O'Donoghue & O'Donoghue	05/2020 Service Fee Inv 53188	1,088.00
6/11/20	6138	Associated Administrators, LLC	06/2020 SMM # 6 Mailing	12.20
6/11/20	6138	Associated Administrators, LLC	06/2020 SMM # 6 Mailing	61.00
6/24/20	60019	Dental Benefit	06/24/20 Tyler Dental	1,000.00
6/24/20	60020	Dental Benefit	06/24/2020 J. P. Ruland	195.00
7/1/20	60021	Dental Benefit	06/30/2020 H. Herlong	804.80
7/1/20	60022	Dental Benefit	06/30/2020 H. Herlong	195.20
7/1/20	6139	Mutual of Omaha	06/2020 G000AWQQ 001A 001084759240	2,186.03
7/1/20	6139	Mutual of Omaha	07/2020 G000AWQQ 001A 001093382313	2,186.03
7/1/20	6140	Kaiser Permanente 17989-0	07/2020 Inv 202007-30186	76,680.14
7/1/20	6141	Kaiser Permanente 17989-12	07/2020 Inv 202007-30201	3,386.14
7/1/20	6142	Kaiser Permanente 17989-9	07/2020 Inv 202007-30198	50,849.30
7/1/20	6143	Kaiser Permanente 17989-15	07/2020 Inv 202007-30208	637.02
7/1/20	6144	Associated Administrators, LLC	07/2020 Admin Fee	9,175.00
7/6/20	6145	The McKeogh Company	2Q20 Retainer Inv 5632	1,875.00
7/6/20	6145	The McKeogh Company	3Q20 Retainer Inv 5762	1,875.00
7/6/20	6146	Associated Administrators, LLC	2Q20 Printing Charge back	67.28
7/9/20	6147	O'Donoghue & O'Donoghue	06/2020 Professional Services Inv 53513	1,602.95
7/15/20	6148	Group Dental Services, Inc	08/2020 Monthly Dental Premium	1,462.46
7/15/20	6148	Group Dental Services, Inc	07/2020 Monthly Dental Premium	1,427.98
7/22/20	60023	Dental Benefit	7/22/20 Ronal Mcintyre	220.40
7/22/20	60024	Dental Benefit	7/22/20 Ronal Mcintyre	90.40
7/22/20	60025	Dental Benefit	7/22/20 Ronal Mcintyre	161.00
7/22/20	60026	Dental Benefit	7/22/20 Ronal Mcintyre	234.00
7/22/20	60027	Dental Benefit	7/22/20 Ronal Mcintyre	161.00
7/29/20	6149	Calibre	2019 financial audit Inv 250914	4,750.00
7/29/20	6150	Segal Select Insurance	07/2020 Cyber Liability FF107291711CY	1,013.35
7/29/20	6150	Segal Select Insurance	07/2020 Cyber Liability FF107291711CY	1,418.65
7/30/20	6151	Calibre	2019 Payroll Audit Inv 251828	1,050.00
8/3/20	6152	Kaiser Permanente 17989-0	08/2020 Inv 202008-31678	65,216.84
8/3/20	6153	Kaiser Permanente 17989-12	08/2020 Inv 202008-31720	3,386.14
8/3/20	6154	Kaiser Permanente 17989-9	08/2020 Inv 202008-31715	50,928.60
8/3/20	6155	Kaiser Permanente 17989-15	08/2020 Inv 202008-31725	3,185.10
8/3/20	6156	Kaiser Permanente 17989-6	08/2020 Inv 202008-31714	5,865.49
8/3/20	6157	Associated Administrators, LLC	08/2020 Admin Fee	9,175.00
8/5/20	60028	Dental Benefit	08/05/2020 Check 60028 T. Dental LLC	13.00
8/10/20	6158	Group Dental Services, Inc	August 2020 Premium	2,854.44
8/13/20	6159	Mutual of Omaha	08/2020 Inv 001101990874	3,270.50

Date	Check #	Name	Line Description	Debit Amount
8/17/20	6160	Mutual of Omaha	09/2020 Coverage	3,270.50
8/19/20	60029	Dental Benefit	P. Karpovich	186.00
8/19/20	60030	Dental Benefit	K Woo	108.00
8/19/20	60031	Dental Benefit	S levy	341.00
8/19/20	60032	Dental Benefit	J Ruland	141.40
8/19/20	60033	Dental Benefit	T Creamer	285.00
8/19/20	60034	Dental Benefit	W Wolfe	428.00
	Total			**474,741.91**

PRESSMEN LOCAL 72 WELFARE FUND
DELINQUENCY LIST
As of October 8, 2020

Employer ID #	Company	Reporting Month not Received

NONE