

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

2024/2025	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	35,967	69,938	99,434	128,058	68,580	95,077	99,290	101,617					697,961
COBRA Self Pay	129	65	65	65	65	0	0	0					387
Retired Self Pay	9,761	8,108	7,068	7,724	8,144	6,689	8,045	7,215					62,755
Liquidated Damages	0	0	0	30	30	30	0	60					150
Interest on Delinquency	0	0	0	12	23	23	0	47					105
Interest Income	5,927	10,134	7,362	2,463	9,671	4,561	15,228	5,540					60,886
Express Scripts Refunds	0	0	0	0	0	0	0	0					0
IRS Refund	0	0	0	0	0	0	0	0					0
IRS Interest	0	0	0	0	0	0	0	0					0
Philadelphia Trust Realized G/L	(2,411)	0	0	0	0	0	0	(2,983)					(5,394)
Philadelphia Trust Unrealized G/L	11,166	(12,720)	6,180	2,900	11,238	8,373	4,145	(7,488)					23,793
Total Income	60,539	75,526	120,108	141,251	97,750	114,753	126,708	104,007	0	0	0	0	840,644
Expenses													
Administration Fee	9,398	9,398	9,398	9,398	9,398	9,398	9,398	9,398					75,184
Audit Fee	0	0	0	0	0	0	0	8,800					8,800
Bank Charges	185	181	283	260	262	262	265	261					1,959
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550					12,398
Bond Expense	305	0	0	0	0	0	0	0					305
Dental Premiums	4,343	4,680	4,567	4,345	4,296	4,584	4,487	4,325					35,627
Vision Premiums	709	674	688	709	674	681	709	667					5,511
Ins Premium Life	857	970	991	989	958	986	986	962					7,699
Ins Premium - STD, AD&D	589	681	699	699	672	690	690	672					5,391
Kaiser Premium-Act	91,137	100,210	96,591	96,200	90,502	96,776	95,291	91,652					758,358
Kaiser Premium-Ret	4,411	4,411	4,031	3,886	3,886	3,886	3,886	3,886					32,284
Kaiser Premium-COBRA	0	0	0	0	0	0	0	0					0
Consulting Fees	0	0	0	0	0	0	0	0					0
Inv Custodian Expense	0	0	0	0	0	0	0	0					0
Meeting Expense	0	0	0	0	0	0	0	0					0
Legal Fees	0	0	770	0	358	990	0	340					2,458
Postage Expense	1,121	0	0	0	5	0	0	51					1,178
Printing Expense	368	0	0	0	0	0	0	16					384
Professional Associations	0	0	0	0	0	0	0	0					0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	1,412	0					3,425
Trustee Expense	0	0	0	0	0	0	0	0					0
Office Supply	0	0	0	0	0	0	0	0					0
Cyber Liability Insurance	2,022	0	0	0	0	0	0	0					2,022
IFEBP	996	0	0	0	0	0	0	0					996
Medical Reimbursement	0	0	0	0	0	0	0	0					0
PTC Trust Fee	0	2,599	0	0	2,553	0	0	2,616					7,768
Wire Fee	0	0	0	0	0	0	0	0					0
Transfer Fee	0	0	0	0	0	0	0	0					0
Total Expenses	120,005	125,353	119,568	118,036	115,113	119,803	118,674	125,196	0	0	0	0	961,748
Gain/Loss	(59,465)	(49,827)	540	23,215	(17,363)	(5,050)	8,034	(21,189)	0	0	0	0	(121,104)

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND

UNAUDITED

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For October 31, 2024

ASSETS

Current Assets

PNC Bank (0355)	\$ 293.57
PNC Bank MM (0347)	64,862.84
First Citizens Bank	50,074.37
Philadelphia Trust	2,010,162.15
Due to Philadelphia Trust	2.13
Prepaid Insurance Premium	<u>2,382.95</u>

Total Assets	<u><u>\$ 2,127,778.01</u></u>
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LIABILITIES AND CAPITAL

Current Liabilities

Accounts Payable	<u>\$ 0.00</u>
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Total Liabilities	<u>0.00</u>
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Capital

Retained Earnings	\$ 2,248,882.16
Net Income	<u>(121,104.15)</u>

Total Capital	<u>2,127,778.01</u>
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Total Liabilities & Capital	<u><u>\$ 2,127,778.01</u></u>
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Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For October 31, 2024

Oct-24

Income

Contributions	\$ 101,616.73
Cobra Payments	0.00
Interest Earned	5,539.57
Retiree Contributions	7,214.60
Liquidated Damages	60.00
Interest on Late Contributions	47.25
Express Scripts Refunds	0.00
IRS Refund	0.00
IRS Interest	0.00
Philadelphia Trust Realized G/L	(2,982.67)
Philadelphia Trust Unrealized G/L	(7,488.12)

Total Income	104,007.36
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Expenses

Vision Insurance	667.20
Medical Reimbursement	0.00
Plan/Trust Administration	9,398.00
Bank Charges	260.91
Accounting, Auditing, Consulting	8,800.00
Bond Insurance Expense	0.00
Fiduciary Liability Insurance	0.00
Medical Insurance (Kaiser)	95,538.80
Medical Insurance (GCN)	1,549.80
Dental Insurance	4,325.08
Cyber Liability Insurance	0.00
Legal Expenses	340.00
IFEBP	0.00
Travel Expenses	0.00
Postage Expense	51.06
Office Supply	0.00
Printing Expense	15.54
Trustee Expense	0.00
Group Term Life Insurance	962.40
Short Term Disability	671.60
Consulting Fees	0.00
Investment Advisor Fee	0.00
Meeting Expense	0.00
PTC Trust Fee	2,616.06
Wire Fee	0.00
Transfer Fee	0.00

Total Expenses	125,196.45
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Net Income	(\$ 21,189.09)
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Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Oct-24

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,717.48	36814	10/9/2024	Payment for 9/24
H&H Bindery	5189	3,833.87	14183	10/9/2024	Payment for 9/24
Union HQ Staff	5196	2,881.12	20141	10/28/2024	Payment for 10/24
Kelly Press	5193	30,984.72	ACH	10/3/2024	Payment for 9/24
Mosaic Bookbinders	5185	24,645.00	ACH	10/10/2024	Payment for 9/24
Mosaic Lithographers	5194	23,494.96	ACH	10/10/2024	Payment for 9/24
Raff Embossing & Foilcraft	5183	1,529.79	24150	9/30/2024	Payment for 7/24
Raff Embossing & Foilcraft	5183	<u>1,529.79</u>	24158	10/21/2024	Payment for 8/24

Total Contributions: 101,616.73

Raff Embossing & Foilcraft	5183	24.04	24150	9/30/2024	Payment for July 2024 Late Fees
Raff Embossing & Foilcraft	5183	30.00	24150	9/30/2024	Payment for July 2024 Liquidated Damages
Raff Embossing & Foilcraft	5183	23.21	24158	10/21/2024	Payment for August 2024 Late Fees
Raff Embossing & Foilcraft	5183	<u>30.00</u>	24158	10/21/2024	Payment for August 2024 Liquidated Damages

Total Late Fees/Liquidated Damages: 107.25

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From October 1, 2024 to October 31, 2024

Date	Check #	Payee	Amount
10/18/24	2225	Associated Administrators, LLC	9,464.60
10/18/24	2226	Calibre CPA Group, PLLC	8,800.00
10/18/24	2227	National Vision Administrators, LLC	667.20
10/18/24	2228	Graphic Communications National H&W Fund	1,549.80
10/18/24	2229	Mutual Of Omaha	1,634.00
10/18/24	2230	Mooney, Green, Saindon, Murphy & Welch	340.00
10/18/24	2231	CHLIC	4,325.08
10/18/24	2232	Kaiser Foundation Health Plan	95,538.80
Total			<u>122,319.48</u>