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						596,344
COBRA Self Pay	129	65	65	65	65	0	0						387
Retired Self Pay	9,761	8,108	7,068	7,724	8,144	6,689	8,045						55,540
Liquidated Damages	0	0	0	30	30	30	0						90
Interest on Delinquency	0	0	0	12	23	23	0						58
Interest Income	5,927	10,134	7,362	2,463	9,671	4,561	15,228						55,346
Express Scripts Refunds	0	0	0	0	0	0	0						0
IRS Refund	0	0	0	0	0	0	0						0
IRS Interest	0	0	0	0	0	0	0						0
Philadelphia Trust Realized G/L	(2,411)	0	0	0	0	0	0						(2,411)
Philadelphia Trust Unrealized G/L	11,166	(12,720)	6,180	2,900	11,238	8,373	4,145						31,281
Total Income	**60,539**	**75,526**	**120,108**	**141,251**	**97,750**	**114,753**	**126,708**	**0**	**0**	**0**	**0**	**0**	**736,636**
Expenses													
Administration Fee	9,398	9,398	9,398	9,398	9,398	9,398	9,398						65,786
Audit Fee	0	0	0	0	0	0	0						0
Bank Charges	185	181	283	260	262	262	265						1,698
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550						10,849
Bond Expense	305	0	0	0	0	0	0						305
Dental Premiums	4,343	4,680	4,567	4,345	4,296	4,584	4,487						31,302
Vision Premiums	709	674	688	709	674	681	709						4,844
Ins Premium Life	857	970	991	989	958	986	986						6,737
Ins Premium - STD, AD&D	589	681	699	699	672	690	690						4,720
Kaiser Premium-Act	91,137	100,210	96,591	96,200	90,502	96,776	95,291						666,706
Kaiser Premium-Ret	4,411	4,411	4,031	3,886	3,886	3,886	3,886						28,398
Kaiser Premium-COBRA	0	0	0	0	0	0	0						0
Consulting Fees	0	0	0	0	0	0	0						0
Inv Custodian Expense	0	0	0	0	0	0	0						0
Meeting Expense	0	0	0	0	0	0	0						0
Legal Fees	0	0	770	0	358	990	0						2,118
Postage Expense	1,121	0	0	0	5	0	0						1,127
Printing Expense	368	0	0	0	0	0	0						368
Professional Associations	0	0	0	0	0	0	0						0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	1,412						3,425
Trustee Expense	0	0	0	0	0	0	0						0
Office Supply	0	0	0	0	0	0	0						0
Cyber Liability Insurance	2,022	0	0	0	0	0	0						2,022
IFEBP	996	0	0	0	0	0	0						996
Medical Reimbursement	0	0	0	0	0	0	0						0
PTC Trust Fee	0	2,599	0	0	2,553	0	0						5,152
Wire Fee	0	0	0	0	0	0	0						0
Transfer Fee	0	0	0	0	0	0	0						0
Total Expenses	**120,005**	**125,353**	**119,568**	**118,036**	**115,113**	**119,803**	**118,674**	**0**	**0**	**0**	**0**	**0**	**836,551**
Gain/Loss	**(59,465)**	**(49,827)**	**540**	**23,215**	**(17,363)**	**(5,050)**	**8,035**	**0**	**0**	**0**	**0**	**0**	**(99,915)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For September 30, 2024

ASSETS

Current Assets			
PNC Bank (0355)	$	409.75	
PNC Bank MM (0347)		3,216.58	
First Citizens Bank		50,074.37	
Philadelphia Trust		2,092,881.39	
Due to Philadelphia Trust		2.13	
Prepaid Insurance Premium		2,382.95	
Total Assets			$ 2,148,967.17

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,248,882.23	
Net Income		(99,915.06)	
Total Capital			2,148,967.17
Total Liabilities & Capital			$ 2,148,967.17

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For September 30, 2024

		Sep-24
Income		
Contributions	$	99,290.03
Cobra Payments		0.00
Interest Earned		15,228.14
Retiree Contributions		8,045.30
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Realized G/L		0.00
Philadelphia Trust Unrealized G/L		4,144.80
Total Income		126,708.27
Expenses		
Vision Insurance		708.90
Medical Reimbursement		0.00
Plan/Trust Administration		9,398.00
Bank Charges		264.69
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		1,411.65
Medical Insurance (Kaiser)		99,176.96
Medical Insurance (GCN)		1,549.80
Dental Insurance		4,487.36
Cyber Liability Insurance		0.00
Legal Expenses		0.00
IFEBP		0.00
Travel Expenses		0.00
Postage Expense		0.00
Office Supply		0.00
Printing Expense		0.00
Trustee Expense		0.00
Group Term Life Insurance		986.40
Short Term Disability		690.00
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		0.00
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		118,673.76
Net Income	$	8,034.51

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Sep-24

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,717.48	36627	9/10/2024	Payment for 8/24
H&H Bindery	5189	3,830.87	14159	9/10/2024	Payment for 8/24
Union HQ Staff	5196	2,881.12	20084	9/3/2024	Payment for 8/24
Union HQ Staff	5196	2,881.12	20107	9/27/2024	Payment for 9/24
Kelly Press	5193	30,984.72	ACH	9/12/2024	Payment for 8/24
Mosaic Bookbinders	5185	26,251.20	ACH	9/10/2024	Payment for 8/24
Mosaic Lithographers	5194	19,743.52	ACH	9/10/2024	Payment for 8/24
	Total Contributions:	**99,290.03**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From September 1, 2024 to September 30, 2024

Date	Check #	Payee	Amount
9/12/24	2218	Associated Administrators, LLC	9,398.00
9/12/24	2219	National Vision Administrators, LLC	708.90
9/12/24	2220	Graphic Communications National H&W Fund	1,549.80
9/12/24	2221	CHLIC	4,487.36
9/12/24	2222	Mutual Of Omaha	1,676.40
9/12/24	2223	Kaiser Foundation Health Plan	99,176.96
9/27/24	2224	Eberts & Harrison, Inc.	3,388.00
Total			**120,385.42**