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	96,186	96,488			890,636
COBRA Self Pay	129	65	65	65	65	0	0	0	0	0			387
Retired Self Pay	9,761	8,108	7,068	7,724	8,144	6,689	8,045	7,215	5,986	6,378			75,118
Liquidated Damages	0	0	0	30	30	30	0	60	30	0			180
Interest on Delinquency	0	0	0	12	23	23	0	47	24	0			129
Interest Income	5,927	10,134	7,362	2,463	9,671	4,561	15,228	5,540	3,715	9,721			74,322
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0			0
IRS Refund	0	0	0	0	0	0	0	0	0	0			0
IRS Interest	0	0	0	0	0	0	0	0	0	0			0
Philadelphia Trust Realized G/L	(2,411)	0	0	0	0	0	0	(2,983)	1,055	0			(4,339)
Philadelphia Trust Unrealized G/L	11,166	(12,720)	6,180	2,900	11,238	8,373	4,145	(7,488)	7,495	(11,060)			20,229
Total Income	**60,539**	**75,526**	**120,108**	**141,251**	**97,750**	**114,753**	**126,708**	**104,007**	**114,491**	**101,528**	**0**	**0**	**1,056,662**
Expenses													
Administration Fee	9,398	9,398	9,398	9,398	9,398	9,398	9,398	9,398	9,398	9,774			94,356
Audit Fee	0	0	0	0	0	0	0	8,800	0	700			9,500
Bank Charges	185	181	283	260	262	262	265	261	183	269			2,411
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550			15,498
Bond Expense	305	0	0	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	4,408	5,015			45,049
Vision Premiums	709	674	688	709	674	681	709	667	681	771			6,964
Ins Premium Life	857	970	991	989	958	986	986	962	950	962			9,612
Ins Premium - STD, AD&D	589	681	699	699	672	690	690	672	662	672			6,725
Kaiser Premium-Act	91,137	100,210	96,591	96,200	90,502	96,776	95,291	91,652	91,522	94,826			944,706
Kaiser Premium-Ret	4,411	4,411	4,031	3,886	3,886	3,886	3,886	3,886	3,886	3,886			40,057
Kaiser Premium-COBRA	0	0	0	0	0	0	0	0	0	0			0
Consulting Fees	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
Meeting Expense	0	0	0	0	0	0	0	0	0	0			0
Legal Fees	0	0	770	0	358	990	0	340	2,250	1,855			6,563
Postage Expense	1,121	0	0	0	5	0	0	51	0	0			1,178
Printing Expense	368	0	0	0	0	0	0	16	265	0			648
Professional Associations	0	0	0	0	0	0	0	0	0	0			0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	1,412	0	0	0			3,425
Trustee Expense	0	0	0	0	0	0	0	0	0	0			0
Office Supply	0	0	0	0	0	0	0	0	0	0			0
Cyber Liability Insurance	2,022	0	0	0	0	0	0	0	0	0			2,022
IFEBP	996	0	0	0	0	0	0	0	213	0			1,208
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0			0
PTC Trust Fee	0	2,599	0	0	2,553	0	0	2,616	0	0			7,768
Wire Fee	0	0	0	0	0	0	0	0	0	0			0
Transfer Fee	0	0	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**	**115,968**	**120,281**	**0**	**0**	**1,197,997**
Gain/Loss	**(59,465)**	**(49,827)**	**540**	**23,215**	**(17,363)**	**(5,050)**	**8,035**	**(21,189)**	**(1,477)**	**(18,754)**	**0**	**0**	**(141,335)**

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

ASSETS

Current Assets			
PNC Bank (0355)	$	50.54	
PNC Bank MM (0347)		33,542.29	
First Citizens Bank		50,074.37	
Philadelphia Trust		2,020,850.50	
Due to Philadelphia Trust		2.07	
Prepaid Expenses		1,062.50	
Prepaid Insurance Premium		2,382.95	
Total Assets			$ 2,107,965.22

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Prepaid Contributions		418.00	
Total Liabilities			418.00
Capital			
Retained Earnings	$	2,248,882.16	
Net Income		(141,334.94)	
Total Capital			2,107,547.22
Total Liabilities & Capital			$ 2,107,965.22

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For December 31, 2024

		Dec-24
Income		
Contributions	$	96,488.45
Cobra Payments		0.00
Interest Earned		9,721.37
Retiree Contributions		6,377.61
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		(11,059.86)
Total Income		101,527.57
Expenses		
Vision Insurance		771.45
Medical Reimbursement		0.00
Plan/Trust Administration		9,774.00
Bank Charges		269.35
Accounting, Auditing, Consulting		700.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		98,712.63
Medical Insurance (GCN)		1,549.80
Dental Insurance		5,015.00
Cyber Liability Insurance		0.00
Legal Expenses		1,855.00
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		962.40
Short Term Disability		671.60
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		120,281.23
Net Income	($	18,753.66)

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,717.48	37192	12/9/2024	Payment for 11/24
H&H Bindery	5189	3,833.37	14230	12/9/2024	Payment for 11/24
Union HQ Staff	5196	2,881.12	20182	12/2/2024	Payment for 11/24
Kelly Press	5193	31,078.28	ACH	12/6/2024	Payment for 11/24
Mosaic Bookbinders	5185	24,645.00	ACH	12/10/2024	Payment for 11/24
Mosaic Lithographers	5194	21,333.20	ACH	12/10/2024	Payment for 11/24
	Total Contributions:	**96,488.45**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

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

Date	Check #	Payee	Amount
12/17/24	2241	Associated Administrators, LLC	9,774.00
12/17/24	2242	National Vision Administrators, LLC	771.45
12/17/24	2243	Graphic Communications National H&W Fund	1,549.80
12/17/24	2244	CHLIC	5,015.00
12/17/24	2245	Mutual Of Omaha	1,634.00
12/17/24	2246	Mooney, Green, Saindon, Murphy & Welch	1,855.00
12/17/24	2247	Calibre CPA Group, PLLC	700.00
12/17/24	2248	Kaiser Foundation Health Plan	98,712.63
Total			**120,011.88**