

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

2023/2024	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	138,354	76,931	107,895	102,016	144,440	73,371	106,602	110,977	97,535	100,564		1,058,684
COBRA Self Pay	129	65	65	65	65	65	65	65	65	65	65		775
Retired Self Pay	13,866	7,196	7,588	9,323	8,718	7,720	9,753	6,935	8,046	8,310	7,135		94,590
Liquidated Damages	0	226	60	106	0	48	48	48	56	48	0		640
Interest on Delinquency	0	182	60	158	0	49	49	49	367	50	0		964
Interest Income	6,205	3,876	7,347	4,938	7,497	6,174	5,056	7,689	7,926	6,251	9,005		71,964
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0	0		0
IRS Refund	0	0	0	0	0	0	0	0	0	0	0		0
IRS Interest	0	0	0	0	0	0	0	0	0	0	0		0
Philadelphia Trust Realized G/L	0	0	(547)	0	0	(1,693)	2,399	1,657	0	0	0		1,816
Philadelphia Trust Unrealized G/L	8,194	419	(12,706)	4,574	8,458	(1,752)	(9,993)	(4,541)	16,128	14,448	5,549		28,779
Total Income	28,395	150,317	78,797	127,059	126,754	155,050	80,748	118,503	143,565	126,707	122,318	0	1,258,213
Expenses													
Administration Fee	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,398	9,398		100,129
Audit Fee	0	0	0	0	0	0	0	5,100	0	7,500	0		12,600
Bank Charges	64	60	68	66	65	61	62	61	69	122	154		852
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550		17,048
Bond Expense	61	0	0	0	203	0	0	0	0	0	0		265
Dental Premiums	4,500	4,802	4,788	4,675	5,077	4,723	4,866	4,868	4,772	4,871	4,373		52,314
Vision Premiums	771	709	744	737	792	751	765	771	730	716	723		8,208
Ins Premium Life	1,013	924	1,049	1,222	1,022	1,078	1,087	1,159	1,027	1,075	1,037		11,693
Ins Premium - STD, AD&D	736	644	736	874	718	754	754	819	718	754	727		8,234
Kaiser Premium-Act	94,371	89,112	102,383	91,053	103,999	95,910	98,219	94,986	95,294	95,294	80,683		1,041,305
Kaiser Premium-Ret	4,918	4,918	5,411	5,165	5,165	5,165	4,672	4,918	4,918	4,358	4,164		53,773
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	0	0	0	0	0	0	0	0	0		0
Legal Fees	0	110	0	1,623	523	0	2,807	0	248	2,503	798		8,609
Postage Expense	0	0	2	0	0	0	80	0	11	0	0		92
Printing Expense	0	74	0	0	138	0	74	71	0	0	494		851
Professional Associations	0	0	0	0	0	0	0	0	0	0	0		0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	0	0	1,438	0	0		3,452
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	2,022	0	0	0	0	0	0	0	0	0	184		2,206
IFEBP	954	0	0	0	0	0	0	0	199	0	0		1,153
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0	0		0
PTC Trust Fee	0	2,162	0	0	2,482	0	0	2,498	0	0	2,556		9,698
Wire Fee	0	0	0	0	0	0	0	0	0	0	0		0
Transfer Fee	0	0	0	0	0	0	0	0	0	0	0		0
Total Expenses	122,011	114,101	125,768	116,001	130,770	119,029	123,973	125,838	120,010	128,140	106,840	0	1,332,481
Gain/Loss	(93,616)	36,216	(46,971)	11,057	(4,017)	36,022	(43,225)	(7,336)	23,555	(1,432)	15,478	0	(74,268)

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

ASSETS

Current Assets

PNC Bank (0355)	\$ 1,373.15
PNC Bank MM (0347)	43,965.11
First Citizens Bank	50,074.37
Philadelphia Trust	2,056,545.24
Due to Philadelphia Trust	6.36
Prepaid Expenses	995.84
Prepaid Insurance Premium	<u>4,747.48</u>

Total Assets	<u><u>\$ 2,157,707.55</u></u>
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LIABILITIES AND CAPITAL

Current Liabilities

Accounts Payable	\$ 0.00
Prepaid Contributions	<u>5,676.55</u>

Total Liabilities	<u>5,676.55</u>
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Capital

Retained Earnings	\$ 2,226,299.45
Net Income	<u>(74,268.45)</u>

Total Capital	<u>2,152,031.00</u>
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Total Liabilities & Capital	<u><u>\$ 2,157,707.55</u></u>
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Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For January 31, 2024

Jan-24

Income

Contributions	\$	100,563.72
Cobra Payments		64.58
Interest Earned		9,005.28
Retiree Contributions		7,135.06
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		5,549.38

Total Income		122,318.02
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Expenses

Vision Insurance	722.80
Medical Reimbursement	0.00
Plan/Trust Administration	9,398.00
Bank Charges	154.01
Accounting, Auditing, Consulting	0.00
Bond Insurance Expense	0.00
Fiduciary Liability Insurance	0.00
Medical Insurance (Kaiser)	84,847.68
Medical Insurance (GCN)	1,549.80
Dental Insurance	4,373.18
Cyber Liability Insurance	183.83
Legal Expenses	797.50
IFEBP	0.00
Travel Expenses	0.00
Postage Expense	0.00
Office Supply	0.00
Printing Expense	493.70
Trustee Expense	0.00
Group Term Life Insurance	1,036.80
Short Term Disability	726.80
Consulting Fees	0.00
Investment Advisor Fee	0.00
Meeting Expense	0.00
PTC Trust Fee	2,555.88
Wire Fee	0.00
Transfer Fee	0.00

Total Expenses		106,839.98
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Net Income	\$	15,478.04
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Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Jan-24

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,985.88	35379	1/10/2024	Payment for 12/23
H&H Bindery	5189	4,370.69	13974	1/8/2024	Payment for 12/23
Union HQ Staff	5196	2,667.40	11971	1/29/2024	Payment for 1/24
Kelly Press	5193	29,656.40	ACH	1/9/2024	Payment for 12/23
Mosaic Bookbinders	5185	25,191.40	ACH	1/10/2024	Payment for 12/23
Mosaic Lithographers	5194	24,233.40	ACH	1/10/2024	Payment for 12/23
Raff Embossing & Foilcraft	5183	<u>1,458.55</u>	23928	1/8/2024	Payment for 12/23

Total Contributions: 100,563.72

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Total Late Fees/Liquidated Damages: -

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

Date	Check #	Payee	Amount
1/17/24	2162	Associated Administrators, LLC	9,398.00
1/17/24	2163	MOSAIC	493.70
1/17/24	2164	Eberts & Harrison, Inc.	2,206.00
1/17/24	2165	CHLIC	4,373.18
1/17/24	2166	Mooney, Green, Saindon, Murphy & Welch	797.50
1/17/24	2167	National Vision Administrators, LLC	722.80
1/17/24	2168	Mutual Of Omaha	1,763.60
1/17/24	2169	Graphic Communications National H&W Fund	1,549.80
1/17/24	2170	Kaiser Foundation Health Plan	84,847.68
Total			<u>106,152.26</u>