Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

MEETING OF THE BOARD OF TRUSTEES
OF THE
LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND

April 29, 2026

AGENDA

I. Call To Order

II. Minutes – February 3, 2026

III. Financial Statements – December 2025 – February 2026

IV. Philadelphia Trust Company

V. Counsel Report

VI. Other Fund Business

VII. Next Meeting Date and Location

VIII. Adjournment

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DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND HELD ON FEBRUARY 3, 2026 VIA VIDEO CONFERENCE

The following persons were in attendance:

UNION TRUSTEES	EMPLOYER TRUSTEES
Mark Poole – Secretary	David Ashton – Chairman
Pete Gragnani	Dave King
Henderson Woodard	Tom Labadie

Also present were:
Alicia Cochran – Associated Administrators, LLC
Ed Chicoski[2] – Lakeshore Benefit Group Insurance Brokerage, LLC
Rachel Grant – Associated Administrators, LLC
Andrew Lin – Mooney, Green, Saindon, Murphy & Welch, P.C.
Matt Walker[1] – The Philadelphia Trust Company

I. CALL TO ORDER

A quorum being present, the meeting was called to order at 10:03 am.

1 Present for the Investment report only

3 Present for the Broker Report only

II. CHAIRMAN AND SECRETARY

Ms. Cochran stated that according to the Trust Agreement, the Chairman of the Board of Trustees shall be changed every 12 months. After discussion, the Trustees agreed that no change was necessary at this time.

III. MINUTES

Ms. Cochran confirmed that there were no changes to the final draft of the October 29, 2025 minutes circulated prior to the meeting. She noted that the Trustees via interim action approved the minutes on November 19, 2025 in order to address an issue with First Citizens Bank.

IV. FINANCIAL REPORT

A. Financials

Ms. Cochran reviewed the unaudited Financial Statements for the third quarter of the Plan year beginning March 1, 2025. Through the third quarter, the Fund had total income of $1,007,074 and total expenses of $1,115,386. The Fund operated through the third quarter with a deficit of $108,312.

On Motion made and seconded, the Trustees unanimously voted approval of the following resolution:

RESOLVED to accept and approve the third quarter Financial Statements for the year beginning March 1, 2025 as presented.

Ms. Cochran then reported that the Fund has approximately 17.1 months of reserve as of November 30, 2025.

B. Delinquencies

Ms. Cochran reviewed the most recent report of outstanding delinquencies.

Mr. Lin reported that Trustee Poole, Associated, and Kelly Press recently had a meeting to discuss the contribution discrepancies and disputes. He noted that attorneys were not present during this meeting. The parties proceeded with the meeting because there was a recent change in management at Kelly Press, and he was hopeful that the new leadership would be able to resolve the delinquencies. Mr. Lin reported that although the meeting seemed to be successful and productive, Kelly Press continues to pay contributions incorrectly, to dispute contributions owed, and to apparently allow continued violation of the Fund's participation rules. After discussion,

On Motion made and seconded, the Trustees unanimously voted approval of the following resolution:

> **RESOLVED to approve Counsel to send a final letter to Kelly Press with a deadline of March 1, 2026 to resolve the delinquencies and plan rule violations and if they are not resolved, to proceed with the lawsuit.**

V. THE PHILADELPHIA TRUST COMPANY

The Trustees welcomed Mr. Matt Walker of The Philadelphia Trust Company to the meeting. Mr. Walker provided a brief overview of the current and projected market. He then reviewed the performance of the Fund's portfolio for the period ending December 31, 2025, noting a

gross return of 8.0% year to date. Mr. Walker stated that there are no recommended changes to the investment allocations.

After addressing several questions from the Trustees, Mr. Walker was thanked for his report and excused from the meeting.

VI. COUNSEL

Mr. Andrew Lin of Mooney Green provided an update on the continued review of the proposed merger with the Local 72 Fund. He reported that he is working with the Cheiron to prepare a set of written terms, which he intends to circulate to the Trustees.

He also reported that he is reviewing the Fund's HIPAA Notice of Privacy Practices for potential updates required by recent changes in the law.

VII. PARTICPANT APPEAL – E25/100-3938

The participant appealed to waive Medical, Prescription Drug, and Vision coverage under the Fund while continuing to maintain Weekly Sickness and Accident Benefits, Life Insurance, Accidental Death and Dismemberment Insurance, and Dental coverage only. It was noted that the Plan only allows retirees to elect certain benefits such as dental and vision and only allows Bookbinders to waive coverage completely.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to deny appeal E25/100-3938, requesting waiver of Medical, Prescription Drug, and Vision coverage under the Fund while continuing to maintain Weekly Sickness and Accident Benefits, Life Insurance,**

Accidental Death and Dismemberment Insurance, and Dental coverage only.

Mr. Lin stated that the appellant also inquired about Long Term Disability benefits. The Trustees discussed LTD benefits, which had been previously offered by the Fund. The Trustees directed Ms. Cochran to request additional information about LTD benefits from the broker, Mr. Chicoski.

VIII. OTHER FUND BUSINESS

A. TIERD RATES AND ADMINISTRATIVE EXPENSE LOAD

Ms. Cochran reviewed an estimate for the administrative expenses for the 2026-2027 Plan year. Based on current enrollment and the Plan's estimated expenses, the estimate reflected a monthly administrative cost of approximately $217.03 per employee. Ms. Cochran noted that 0% of the administrative load had been assessed to members for the 2025-2026 Plan year. The Trustees discussed the allocation of the administrative expense load for the upcoming year and using Plan reserves to fund the cost of the administrative load.

Ms. Cochran said that under the tiered rate strategy used in previous years, regardless of his or her employer, each participant would pay employee contributions pursuant to a contribution schedule based on the plan of benefit and level of coverage elected by the participant.

Mr. Ed Chicoski of Lakeshore Benefit Group Insurance Brokerage, LLC "(Lakeshore") was welcomed to the meeting; he shared the tiered rates, which were calculated using the method used in previous years. He noted that the calculation included the 6.37% increase in the Kaiser premium and 0% of the Administrative Load being passed to the members.

The Trustees reviewed the substantial increase in the members' contribution resulting from the tiered rates calculation for the 2027 Plan year and noted the reserve level of 17.1 months as of November 30, 2025.

On Motion made and seconded, the Trustees unanimously voted approval of the following resolution:

RESOLVED to waive assessment of the administrative expense load on participants for the 2026-2027 Plan year.

The Trustees then discussed at length the past history of the Fund's absorption of the Administrative Load; they also discussed the impact of absorbing the employee share of the Kaiser premium increase on Fund reserves. The Trustees also discussed at length whether they could agree to continue to absorb either the administrative load of the employee share of premiums, in part or in whole, next year.

The Trustees then discussed the Fund's feasibility of absorbing 50% of the increase in the employee share of the premiums for the 2026 Plan Year. Ms. Cochran provided an updated reserve calculation based on absorbing 50% of the employee premium for Trustee review.

After a lengthy discussion, on Motion made and seconded, the Board voted approval of the following resolution:

RESOLVED to absorb 50% of the member's increase as calculated by Lakeshore for the 2026 – 2027 Plan year.

B. Auditor Engagement Letter – INTERIM ACTION

Ms. Cochran reviewed the interim action the Trustees took to approve the auditor engagement letter for the Plan year ended February 28, 2025, which reflects no premium increase from the prior year, an annual fee of $11,500, and an additional $350 fee for indirect reproduction and technology costs.

C. Summary of Material Modifications ("SMM")

Ms. Cochran reviewed the SMM in regard to the new Plan rule that contributions are no longer owed for an employee's final month of contributions and the clarification of the long-standing rules, Fund coverage is required for all participants who are part of a Lithographers' bargaining unit. She stated that the SMM was mailed to employers and participants on December 3, 2025.

D. Trust Agreement

Ms. Cochran stated that the Fifth Amendment to the Trust Agreement which clarifies the Fund's collections procedures along with other various updates was electronically mailed to the employers on December 26, 2025.

E. Medicare Retirees

Ms. Cochran said that the notification letters of the change in the premiums to retirees buying health coverage through the Fund were mailed November 20, 2025.

F. IRS Form 5500

Ms. Cochran reported that the annual IRS Form 5500 was electronically filed by the Fund auditor on November 30, 2025 for the March 1, 2024 through February 28, 2025 Plan year.

G. IRS Form 990

Ms. Cochran reported that the annual IRS Form 990 was electronically filed by the Fund auditor on December 2, 2025 for the March 1, 2024 through February 28, 2025 Plan year.

H. Consolidated Appropriations Act ("CAA")

Ms. Cochran reported that Associated successfully filed the CAA Gag Clause Attestation on behalf of the Fund prior to the end of the year.

I. Cyber Liability Policy

Ms. Cochran said that Chubb, the incumbent carrier for the Cyber Liability Policy issued an automatic renewal for the period January 23, 2026 through January 23, 2027 with no change in premium from the current policy.

J. Fiduciary Liability Renewal

Ms. Cochran reported that all waiver of recourse premiums were received for the policy period October 16, 2025 through October 16, 2026.

K. Kaiser Renewal – INTERIM ACTION

Ms. Cochran reported that the Trustees via interim action approved the Kaiser renewal with a 6.37% increase. She noted that Kaiser was not willing to make any concessions on the renewal.

L. Dental Renewal – Cigna – INTERIM ACTION

Ms. Cochran reported the interim action the Trustees took to approve the Cigna renewal for dental benefits which included a 3.5% increase for period March 1, 2026 through February 28, 2027 and a $32.69 HMO per member per month fee and $ 48.10 PPO per member per month fee of $48.10.

M. Mutual of Omaha Renewal

Ms. Cochran reported the automatic renewal and rate hold for the agreement for AD&D and Short-Term Disability for the period March 1, 2026 through February 28, 2027. She stated that the agreement for the Life insurance plan had a rate hold for a two-year period.

N. Vision Renewal – National Vision Association ("NVA")

Ms. Cochran presented the NVA renewal for period March 1, 2026 through February 28, 2027 with a two year rate hold of $6.95 per member per claim.

On Motion made and seconded, the Trustees unanimously voted approval of the following resolution:

RESOLVED to accept the NVA renewal with a rate hold of $6.95 per member per month for a two year period.

O. First Citizens Bank

Ms. Cochran stated that the Fund received the maturity and renewal letters from First Citizens Bank regarding the current CD account. She noted that First Citizens said they do not issue financial statements. Ms. Cochran stated that they are continuing to work with First Citizens Bank in order to update the authorized signer in order to transfer the funds to The Philadelphia Trust Company for reinvestment.

P. Waiver of Benefits for Lithographers

Mr. Lin noted that the topic of whether Lithographers should be allowed to waive benefits (for an employer fee or contribution), as presently allowed for certain Bookbinder units. The Trustees discussed the pros and cons of changing the current mandatory participation of Lithographers in the Fund. They determined not to make any change regarding the mandatory participation of Lithographers at this time.

IX. NEXT MEETING DATE AND LOCATION

The Trustees scheduled the next regular Board meeting to be held April 22, 2026 commencing at 10:00 a.m. via Zoom.

X. ADJOURNMENT

There being no further business, the meeting was adjourned at 12:25 pm.

Respectfully submitted,

Mark Poole, Secretary

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

2025/2026	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	66,780	130,381	95,747	98,507	107,969	105,143	103,207	98,497	99,648	94,386	194,421	1,194,685
COBRA Self Pay	0	0	0	2,174	0	0	0	0	0	0	0	0	2,174
Retired Self Pay	8,546	7,943	6,969	7,579	7,692	6,468	6,923	8,282	6,032	7,640	7,657	7,427	89,158
Liquidated Damages	0	0	0	150	46	106	185	60	(185)	0	0	0	362
Interest on Delinquency	0	0	0	129	47	96	1,174	52	(492)	0	268	0	1,273
Interest Income	9,355	5,816	2,317	9,667	6,662	5,221	10,622	5,722	6,640	6,762	5,378	7,092	81,254
Express Scripts Refunds	0	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	0
IRS Interest	0	0	0	0	0	0	0	0	0	0	0	0	0
Philadelphia Trust Realized G/L	719	0	0	116	67	(717)	111	103	2	0	0	138	538
Philadelphia Trust Unrealized G/L	(9,814)	(1,768)	15,232	23,156	2,594	17,670	13,254	4,645	3,479	(1,897)	16,034	6,077	88,661
Total Income	**8,806**	**78,771**	**154,898**	**138,718**	**115,615**	**136,812**	**137,410**	**122,072**	**113,973**	**112,153**	**123,723**	**215,155**	**1,458,105**
Expenses													
Administration Fee	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	10,165	10,165	10,165	118,461
Audit Fee	0	0	0	0	0	0	3,200	3,780	2,900	2,190	1,560	3,400	17,030
Actuarial Services	0	0	0	0	0	0	0	12,000	0	0	0	7,789	19,789
Bank Charges	284	208	321	298	304	298	270	315	216	365	248	255	3,382
Ben Paid-GCN	1,033	0	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033	11,365
Bond Expense	305	0	0	0	0	0	0	0	0	0	0	0	305
Dental Premiums	4,343	4,042	4,088	4,169	4,280	4,584	4,327	4,456	4,104	4,263	4,167	4,151	50,973
Vision Premiums	646	653	598	632	639	674	0	1,286	681	612	633	632	7,687
Ins Premium Life	1,303	1,119	1,226	1,217	1,074	782	1,242	1,400	1,242	1,242	1,036	1,194	14,079
Ins Premium - STD, AD&D	699	616	662	662	562	386	672	764	672	672	552	644	7,563
Kaiser Premium-Act	96,840	94,823	96,371	95,775	94,040	97,349	99,524	97,935	91,907	95,442	95,442	93,106	1,148,554
Kaiser Premium-Ret	3,752	3,752	3,752	3,752	6,794	4,361	4,361	4,361	4,361	4,361	4,622	4,622	52,850
Kaiser Premium-COBRA	0	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	0
Inv Custodian Expense	0	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	0
Legal Fees	0	0	440	275	1,650	0	1,540	10,220	0	10,533	0	4,483	29,140
Postage Expense	1,141	0	0	0	0	0	4	0	0	53	0	0	1,198
Printing Expense	386	0	0	52	0	0	60	58	50	8	0	0	613
Professional Associations	0	0	0	0	0	0	0	0	0	0	0	0	0
Fiduciary Resp Insurance	1,976	0	0	0	0	0	0	1,496	0	0	0	0	3,473
Trustee Expense	0	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	0
Cyber Liability Insurance	2,022	0	0	0	0	0	0	0	0	0	0	184	2,206
IFEBP	1,063	0	0	0	0	0	0	0	221	0	0	0	1,283
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0	0	0	0
PTC Trust Fee	0	2,463	0	0	2,528	0	0	2,500	0	0	2,434	0	9,924
Wire Fee	0	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	0
Total Expenses	**125,568**	**117,452**	**118,265**	**117,639**	**122,678**	**119,241**	**126,006**	**151,376**	**117,160**	**130,937**	**121,893**	**131,658**	**1,499,875**
Gain/Loss	**(116,762)**	**(38,681)**	**36,634**	**21,079**	**(7,064)**	**17,570**	**11,404**	**(29,305)**	**(3,187)**	**(18,784)**	**1,829**	**83,497**	**(41,770)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For February 28, 2026

ASSETS

Current Assets			
PNC Bank (0355)	$	677.01	
PNC Bank MM (0347)		24,885.67	
First Citizens Bank		50,074.37	
Philadelphia Trust		1,979,350.24	
Due to Philadelphia Trust		2.06	
Prepaid Expenses		1,104.16	
Prepaid Insurance Premium		4,218.48	
Contributions Receivable		97,016.15	
Retiree Contributions Receivable		156.24	
Total Assets			$ 2,157,484.38

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	4,482.50	
Prepaid Contributions		818.63	
Total Liabilities			5,301.13
Capital			
Retained Earnings	$	2,193,953.07	
Net Income		(41,769.82)	
Total Capital			2,152,183.25
Total Liabilities & Capital			$ 2,157,484.38

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For February 28, 2026

		Feb-26
Income		
Contributions	$	194,420.90
Cobra Payments		0.00
Interest Earned		7,092.49
Retiree Contributions		7,427.37
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		137.50
Philadelphia Trust Unrealized G/L		6,077.10
Total Income		215,155.36
Expenses		
Vision Insurance		632.45
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		254.71
Accounting, Auditing, Consulting		3,400.00
Actuarial Services		7,788.75
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		97,728.39
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,150.66
Cyber Liability Insurance		183.83
Legal Expenses		4,482.50
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		1,194.48
Short Term Disability		644.00
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		131,657.97
Net Income	$	83,497.39

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Feb-26

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	14,566.56	39617	2/6/2026	Payment for 1/26
Union HQ Staff	5196	3,079.73	20545	2/3/2026	Payment for 1/26
Kelly Press	5193	34,530.24	ACH	2/2/2026	Payment for 1/26
Mosaic Bookbinders	5185	23,556.16	ACH	2/10/2026	Payment for 1/26
Mosaic Lithographers	5194	20,074.80	ACH	2/10/2026	Payment for 1/26
Raff Embossing & Foilcraft	5183	1,597.26	24513	2/11/2026	Payment for 1/26
	Total Contributions:	**97,404.75**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Mar-26

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	15,606.08	39785	3/10/2026	Payment for 2/26
Union HQ Staff	5196	3,079.73	20581	3/2/2026	Payment for 2/26
Kelly Press	5193	1,104.52	102566	2/27/2026	Payment for 2/26
Kelly Press	5193	33,093.64	ACH	3/9/2026	Payment for 2/26
Mosaic Bookbinders	5185	22,460.12	ACH	3/10/2026	Payment for 2/26
Mosaic Lithographers	5194	20,074.80	ACH	3/10/2026	Payment for 2/26
Raff Embossing & Foilcraft	5183	1,597.26	24526	3/5/2026	Payment for 2/26
	Total Contributions:	**97,016.15**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From February 1, 2026 to February 28, 2026

Date	Check #	Payee	Amount
2/19/26	2343	Associated Administrators, LLC	10,165.00
2/19/26	2344	Calibre CPA Group, PLLC	3,400.00
2/19/26	2345	Eberts & Harrison, Inc.	2,206.00
2/19/26	2346	Graphic Communications National H&W Fund	1,033.20
2/19/26	2347	National Vision Administrators, LLC	632.45
2/19/26	2348	CHLIC	4,150.66
2/19/26	2349	CHEIRON	7,788.75
2/19/26	2350	Mutual Of Omaha	1,838.48
2/19/26	2351	Kaiser Foundation Health Plan	97,728.39
Total			**128,942.93**

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND
DELINQUENCY & LATE FEE REPORT

As of April 21, 2026

COMPANY	CONTRI. MONTH	DELINQUENT AMOUNT DUE	DELINQUENT AMOUNT PAID	INTEREST DUE	DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	DATE PAID	TOTAL
Raff Embossing	Mar-26	$ 1,660.37	$ -	$ 25.21	$ 30.00	$ 55.21	$ -		$ 1,715.58
		$ 1,660.37	$ -	$ 25.21	$ 30.00	$ 55.21	$ -	TOTAL DUE:	**$ 1,715.58**
Kelly Press	Apr-20	$ -	$ -	$ 649.08	$ 217.50	$ 866.58	$ -		$ 866.58
	Jun-20	$ -	$ -	$ 640.87	$ 217.50	$ 858.37	$ -		$ 858.37
	Jul-20	$ -	$ -	$ 634.41	$ 217.50	$ 851.91	$ -		$ 851.91
	Jun-22	$ -	$ -	$ 674.11	$ -	$ 674.11	$ -		$ 674.11
	Aug-24	$ -	$ -	$ 601.41	$ -	$ 601.41	$ -		$ 601.41
	Mar-25	$ -	$ -	$ 641.10	$ 465.92	$ 1,107.02	$ -		$ 1,107.02
	Apr-25	$ 1,121.04	$ -	$ 22.63	$ 16.82	$ 39.45	$ -		$ 1,160.49
	Jun-25	$ 6,893.36	$ -	$ 133.10	$ 105.00	$ 238.10	$ -		$ 7,131.46
	Jul-25	$ 305.56	$ -	$ 8.97	$ 30.00	$ 38.97	$ -		$ 344.53
	Aug-25	$ 161.04	$ -	$ 4.36	$ 15.00	$ 19.36	$ -		$ 180.40
	Sep-25	$ 1,282.08	$ -	$ 23.98	$ 30.00	$ 53.98	$ -		$ 1,336.06
	Oct-25	$ 161.04	$ -	$ 3.83	$ 15.00	$ 18.83	$ -		$ 179.87
	Nov-25	$ 161.04	$ -	$ 3.57	$ 15.00	$ 18.57	$ -		$ 179.61
	Dec-25	$ 161.04	$ -	$ 3.30	$ 15.00	$ 18.30	$ -		$ 179.34
	Jan-26	$ 161.04	$ -	$ 3.03	$ 15.00	$ 18.03	$ -		$ 179.07
	Feb-26	$ 1,104.52	$ -	$ 17.55	$ 30.00	$ 47.55	$ -		$ 1,152.07
	Mar-26	$ 181.56	$ -	$ 2.82	$ 15.00	$ 17.82	$ -		$ 199.38
		$ 11,693.32	$ -	$ 4,068.12	$ 1,420.24	$ 5,488.36	$ -	TOTAL DUE:	**$ 17,181.68**

Lithographers & Photoengravers Local 285 Welfare Fund

Fund Reserve
As of February 28, 2026

Expenses			
Period	3/24 - 2/25		$ 1,444,411
	3/25 - 2/26		$ 1,499,875
	Total		$ 2,944,286
	Per Month		$ 122,679
Fund Reserve			
Total Net Assets			$ 2,152,183
Months of Reserve			17.5

Reserve Projection		
Period	Surplus/(Deficit)	
3/24 - 2/25	$	(54,929)
3/25 - 2/26	$	(41,770)
Total	$	(96,699)
Monthly Average	$	(4,029)
Projection	Reserve Amount	Months of Reserve
3 months (5/31/26)	$ 2,140,096	17.4
6 Months (8/31/26)	$ 2,128,009	17.3
12 Months (2/28/27)	$ 2,103,834	17.1

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

2025/2026	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	66,780	130,381	95,747	98,507	107,969	105,143	103,207	98,497	99,648	94,386		1,000,264
COBRA Self Pay	0	0	0	2,174	0	0	0	0	0	0	0		2,174
Retired Self Pay	8,546	7,943	6,969	7,579	7,692	6,468	6,923	8,282	6,032	7,640	7,657		81,731
Liquidated Damages	0	0	0	150	46	106	185	60	(185)	0	0		362
Interest on Delinquency	0	0	0	129	47	96	1,174	52	(492)	0	268		1,273
Interest Income	9,355	5,816	2,317	9,667	6,662	5,221	10,622	5,722	6,640	6,762	5,378		74,161
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	719	0	0	116	67	(717)	111	103	2	0	0		401
Philadelphia Trust Unrealized G/L	(9,814)	(1,768)	15,232	23,156	2,594	17,670	13,254	4,645	3,479	(1,897)	16,034		82,584
Total Income	**8,806**	**78,771**	**154,898**	**138,718**	**115,615**	**136,812**	**137,410**	**122,072**	**113,973**	**112,153**	**123,723**	**0**	**1,242,949**
Expenses													
Administration Fee	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	10,165	10,165		108,296
Audit Fee	0	0	0	0	0	0	3,200	3,780	2,900	2,190	1,560		13,630
Actuarial Services	0	0	0	0	0	0	0	12,000	0	0	0		12,000
Bank Charges	284	208	321	298	304	298	270	315	216	365	248		3,128
Ben Paid-GCN	1,033	0	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033		10,332
Bond Expense	305	0	0	0	0	0	0	0	0	0	0		305
Dental Premiums	4,343	4,042	4,088	4,169	4,280	4,584	4,327	4,456	4,104	4,263	4,167		46,822
Vision Premiums	646	653	598	632	639	674	0	1,286	681	612	633		7,054
Ins Premium Life	1,303	1,119	1,226	1,217	1,074	782	1,242	1,400	1,242	1,242	1,036		12,884
Ins Premium - STD, AD&D	699	616	662	662	562	386	672	764	672	672	552		6,919
Kaiser Premium-Act	96,840	94,823	96,371	95,775	94,040	97,349	99,524	97,935	91,907	95,442	95,442		1,055,448
Kaiser Premium-Ret	3,752	3,752	3,752	3,752	6,794	4,361	4,361	4,361	4,361	4,361	4,622		48,227
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	0	440	275	1,650	0	1,540	10,220	0	10,533	0		24,658
Postage Expense	1,141	0	0	0	0	0	4	0	0	53	0		1,198
Printing Expense	386	0	0	52	0	0	60	58	50	8	0		613
Professional Associations	0	0	0	0	0	0	0	0	0	0	0		0
Fiduciary Resp Insurance	1,976	0	0	0	0	0	0	1,496	0	0	0		3,473
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	0		2,022
IFEBP	1,063	0	0	0	0	0	0	0	221	0	0		1,283
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0	0		0
PTC Trust Fee	0	2,463	0	0	2,528	0	0	2,500	0	0	2,434		9,924
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	**125,568**	**117,452**	**118,265**	**117,639**	**122,678**	**119,241**	**126,006**	**151,376**	**117,160**	**130,937**	**121,893**	**0**	**1,368,217**
Gain/Loss	**(116,762)**	**(38,681)**	**36,634**	**21,079**	**(7,064)**	**17,570**	**11,404**	**(29,305)**	**(3,187)**	**(18,784)**	**1,829**	**0**	**(125,267)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For January 31, 2026

ASSETS

Current Assets			
PNC Bank (0355)	$	856.81	
PNC Bank MM (0347)		49,079.74	
First Citizens Bank		50,074.37	
Philadelphia Trust		1,966,146.64	
Due to Philadelphia Trust		2.06	
Prepaid Expenses		1,104.16	
Prepaid Insurance Premium		2,196.31	
Total Assets			$ 2,069,460.09

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Prepaid Contributions		774.23	
Total Liabilities			774.23
Capital			
Retained Earnings	$	2,193,953.07	
Net Income		(125,267.21)	
Total Capital			2,068,685.86
Total Liabilities & Capital			$ 2,069,460.09

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For January 31, 2026

		Jan-26
Income		
Contributions	$	94,385.76
Cobra Payments		0.00
Interest Earned		5,378.11
Retiree Contributions		7,657.08
Liquidated Damages		0.00
Interest on Late Contributions		267.98
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		16,033.63
Total Income		123,722.56
Expenses		
Vision Insurance		632.68
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		248.44
Accounting, Auditing, Consulting		1,560.00
Actuarial Services		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		100,064.30
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,167.18
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		1,036.48
Short Term Disability		552.00
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		2,434.14
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		121,893.42
Net Income	$	1,829.14

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Jan-26

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	14,566.56	39437	1/12/2026	Payment for 12/25
Kelly Press	5193	33,426.72	ACH	1/9/2026	Payment for 12/25
Mosaic Bookbinders	5185	24,719.56	ACH	1/9/2026	Payment for 12/25
Mosaic Lithographers	5194	20,074.80	ACH	1/9/2026	Payment for 12/25
Raff Embossing & Foilcraft	5183	1,597.26	24501	1/7/2026	Payment for 12/25
Raff Embossing & Foilcraft	5183	0.86	24501	1/7/2026	Remainder of Payment for 10/25
	Total Contributions:	**94,385.76**			
Doyle Printing & Offset	5187	219.48	39437	1/12/2026	Payment for November 2025 Late Fees
Raff Embossing & Foilcraft	5183	24.43	24501	1/7/2026	Payment for October 2025 Late Fees
Raff Embossing & Foilcraft	5183	24.07	24501	1/7/2026	Payment for November 2025 Late Fees
	Total Late Fees/Liquidated Damages:	**267.98**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From January 1, 2026 to January 31, 2026

Date	Check #	Payee	Amount
1/23/26	2336	Associated Administrators, LLC	10,165.00
1/23/26	2337	Calibre CPA Group, PLLC	1,560.00
1/23/26	2338	CHLIC	4,167.18
1/23/26	2339	Graphic Communications National H&W Fund	1,033.20
1/23/26	2340	National Vision Administrators, LLC	632.68
1/23/26	2341	Mutual Of Omaha	1,588.48
1/23/26	2342	Kaiser Foundation Health Plan	100,064.30
Total			**119,210.84**

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

2025/2026	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	66,780	130,381	95,747	98,507	107,969	105,143	103,207	98,497	99,648			905,879
COBRA Self Pay	0	0	0	2,174	0	0	0	0	0	0			2,174
Retired Self Pay	8,546	7,943	6,969	7,579	7,692	6,468	6,923	8,282	6,032	7,640			74,073
Liquidated Damages	0	0	0	150	46	106	185	60	(185)	0			362
Interest on Delinquency	0	0	0	129	47	96	1,174	52	(492)	0			1,005
Interest Income	9,355	5,816	2,317	9,667	6,662	5,221	10,622	5,722	6,640	6,762			68,783
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	719	0	0	116	67	(717)	111	103	2	0			401
Philadelphia Trust Unrealized G/L	(9,814)	(1,768)	15,232	23,156	2,594	17,670	13,254	4,645	3,479	(1,897)			66,550
Total Income	**8,806**	**78,771**	**154,898**	**138,718**	**115,615**	**136,812**	**137,410**	**122,072**	**113,973**	**112,153**	**0**	**0**	**1,119,227**
Expenses													
Administration Fee	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	9,774	10,165			98,131
Audit Fee	0	0	0	0	0	0	3,200	3,780	2,900	2,190			12,070
Actuarial Services	0	0	0	0	0	0	0	12,000	0	0			12,000
Bank Charges	284	208	321	298	304	298	270	315	216	365			2,879
Ben Paid-GCN	1,033	0	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033			9,299
Bond Expense	305	0	0	0	0	0	0	0	0	0			305
Dental Premiums	4,343	4,042	4,088	4,169	4,280	4,584	4,327	4,456	4,104	4,263			42,655
Vision Premiums	646	653	598	632	639	674	0	1,286	681	612			6,422
Ins Premium Life	1,303	1,119	1,226	1,217	1,074	782	1,242	1,400	1,242	1,242			11,848
Ins Premium - STD, AD&D	699	616	662	662	562	386	672	764	672	672			6,367
Kaiser Premium-Act	96,840	94,823	96,371	95,775	94,040	97,349	99,524	97,935	91,907	95,442			960,006
Kaiser Premium-Ret	3,752	3,752	3,752	3,752	6,794	4,361	4,361	4,361	4,361	4,361			43,605
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	440	275	1,650	0	1,540	10,220	0	10,533			24,658
Postage Expense	1,141	0	0	0	0	0	4	0	0	53			1,198
Printing Expense	386	0	0	52	0	0	60	58	50	8			613
Professional Associations	0	0	0	0	0	0	0	0	0	0			0
Fiduciary Resp Insurance	1,976	0	0	0	0	0	0	1,496	0	0			3,473
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	1,063	0	0	0	0	0	0	0	221	0			1,283
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0			0
PTC Trust Fee	0	2,463	0	0	2,528	0	0	2,500	0	0			7,490
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	**125,568**	**117,452**	**118,265**	**117,639**	**122,678**	**119,241**	**126,006**	**151,376**	**117,160**	**130,937**	**0**	**0**	**1,246,323**
Gain/Loss	**(116,762)**	**(38,681)**	**36,634**	**21,079**	**(7,064)**	**17,570**	**11,404**	**(29,305)**	**(3,187)**	**(18,784)**	**0**	**0**	**(127,096)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For December 31, 2025

ASSETS

Current Assets			
PNC Bank (0355)	$	1,018.12	
PNC Bank MM (0347)		65,147.44	
First Citizens Bank		50,074.37	
Philadelphia Trust		1,947,314.26	
Due to Philadelphia Trust		2.06	
Prepaid Expenses		1,104.16	
Prepaid Insurance Premium		2,196.31	
Total Assets			$ 2,066,856.72

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,193,953.07	
Net Income		(127,096.35)	
Total Capital			2,066,856.72
Total Liabilities & Capital			$ 2,066,856.72

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For December 31, 2025

		Dec-25
Income		
Contributions	$	99,647.67
Cobra Payments		0.00
Interest Earned		6,762.27
Retiree Contributions		7,639.83
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		(1,896.85)
Total Income		112,152.92
Expenses		
Vision Insurance		611.60
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		364.86
Accounting, Auditing, Consulting		2,190.00
Actuarial Services		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		99,802.73
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,263.38
Cyber Liability Insurance		0.00
Legal Expenses		10,532.50
IFEBP		0.00
Travel Expenses		0.00
Postage Expense		52.54
Office Supply		0.00
Printing Expense		7.81
Trustee Expense		0.00
Group Term Life Insurance		1,241.88
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		130,937.10
Net Income	($	18,784.18)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Dec-25

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	14,566.56	39267	12/11/2025	Payment for 11/25
Union HQ Staff	5196	3,079.73	20533	12/29/2025	Payment for 12/25
Kelly Press	5193	33,425.72	ACH	12/9/2025	Payment for 11/25
Kelly Press	5193	1,104.52	ACH	12/31/2025	Payment for 12/25
Mosaic Bookbinders	5185	25,799.08	ACH	12/10/2025	Payment for 11/25
Mosaic Lithographers	5194	20,074.80	ACH	12/10/2025	Payment for 11/25
Raff Embossing & Foilcraft	5183	1,597.26	24466	12/15/2025	Payment for 11/25
	Total Contributions:	**99,647.67**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From December 1, 2025 to December 31, 2025

Date	Check #	Payee	Amount
12/19/25	2328	Associated Administrators, LLC	10,225.35
12/19/25	2329	Calibre CPA Group, PLLC	2,190.00
12/19/25	2330	Mooney, Green, Saindon, Murphy & Welch	10,532.50
12/19/25	2331	National Vision Administrators, LLC	611.60
12/19/25	2332	Graphic Communications National H&W Fund	1,033.20
12/19/25	2333	CHLIC	4,263.38
12/19/25	2334	Mutual Of Omaha	1,913.48
12/19/25	2335	Kaiser Foundation Health Plan	99,802.73
Total			**130,572.24**

PRIVACY AND SECURITY INFORMATION

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

February 2026

1. The Fund's Duties

The Lithographers and Photoengravers Local 285 Welfare Fund (the "Fund") is required by law to maintain the privacy of Protected Health Information ("PHI"). The purpose of this Notice ("Notice") is to inform you of the Fund's legal duties and privacy practices with respect to PHI, and of your rights regarding such information. If you have any questions about this Notice, or about any other matter concerning the privacy of your health information, please contact the Fund's Privacy Officer.

The Fund must follow the duties and privacy practices described in this Notice and must give you a copy of it. The Fund will not use or share your PHI other than as described here unless you tell us we can in writing. Also, the Fund will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

The Fund's uses and disclosures discussed in this Notice may include the use and disclosure of Substance Use Disorder Treatment Records ("SUD Records"). The Fund's use and disclosure of SUD Records are subject to protections and limitations in addition to the protections and limitations described in this Notice.

The Fund reserves the right to amend or revise this Notice and the practices described herein. The Fund will notify Participants of any material change to this Notice. This Notice is effective February 1, 2026, and will remain in effect until the Fund publishes a revised Notice.

2. Use and Disclosure of Protected Health Information

The Fund will use or disclose your PHI:

- To determine your eligibility for benefits and to process and pay your claims;
- To administer its healthcare operations;
- To your health care providers to assist in treating you, to pay your claim, and to notify them whether certain medical treatments or devices are covered by the Fund, along with any restrictions on payment of claims by the Fund.
- To the Fund's business associates, such as insurers, third party administrators and professional service providers, including their attorneys, accountants and actuaries, for

payment purposes, health care operations, planning and other professional services necessary for the operation of the Fund.

- To otherwise allow the Fund to operate efficiently;
- To other benefit plans or insurers to coordinate payment of your health care claims with others who may be responsible for payment of your claim.
- For the Fund's planning purposes.
- To business associates, such as actuaries and accountants for business planning purposes or attorneys who are providing legal services to the Fund. The Fund will secure agreements from its business associates to ensure that the privacy of your health information is protected.

In any case, the Fund will only use or disclose the minimum necessary information to accomplish the purpose of the use or disclosure.

The Fund may also disclose PHI for the following purposes:

- As required or permitted by applicable law or regulation, including to comply with workers' compensation laws.
- To the U.S. Department of Health and Human Services ("HHS") to determine compliance under HIPAA.
- For public health activities and health oversight.
- To public officials regarding victims of suspected abuse, neglect or domestic violence.
- For judicial and administrative proceedings and law enforcement, including subpoenas. Substance use disorder treatment records, however, that are received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
- To coroners, medical examiners, and funeral directors so that those professionals can perform their duties.
- For organ donation and transplantation.
- For research.
- To avert or reduce an imminent threat to anyone's health or safety.
- For specialized government functions (such as intelligence and national security activities).
- To a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities.
- For the purpose of furthering fraud and abuse investigations.

For more information, see:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

3. Consensual Disclosures

In addition to the permitted disclosures, the Fund may also disclose your PHI to your designated representative or upon your written authorization (the Fund will provide you with a standard authorization form upon request). You may revoke your authorization to use or disclose your PHI at anytime. If you do so, the Fund will honor your revocation of authorization, except to the extent that the Fund already relied on your authorization. Once your health information has been disclosed pursuant to your authorization, federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

Generally, the Fund is prohibited from disclosing PHI to your Union and your Employer, other than to tell them whether you are enrolled in or have disenrolled from the Fund. This means that if you want a Union official or your Employer to assist you with your health claims, you must submit a signed authorization to permit the Fund's Staff to discuss your case with them.

4. Other Uses and Disclosures

On a case-by-case basis, the Fund will determine whether to disclose PHI to your family members, close friends, or other people assisting in your care, as well as to government agencies and other organizations conducting disaster relief. If you are unable to provide consent, the Fund will share your information only if it believes that it is in your best interest. Under state law, parents generally have access to their children's PHI and may authorize disclosure of such information, except if the parent's authority to consent to health care for the child has been specifically limited by a court order. Unless notified to the contrary, the Fund will assume that a parent has the authority to consent to health care for a minor child. The Fund will also disclose PHI to court-appointed guardians of incompetent individuals and to individuals to whom you have given medical power of attorney.

The Fund and its business associates will not use or sell your PHI for marketing purposes, without your express consent. In addition, the Fund will not use or disclose genetic information for underwriting purposes. Notwithstanding anything in this Policy to the contrary, most uses and disclosures of psychotherapy notes require your consent.

5. Use by the Trustees

The Trustees may use your PHI to the extent necessary to fulfill their responsibilities to manage the Fund and oversee its operations, and for any other permitted purpose. The Trustees will not use or further disclose the information other than as permitted. The Trustees will report to the Fund any use or disclosure of the information that is inconsistent with the use or disclosures provided for which they become aware. The Trustees will generally not retain possession of any PHI received from the Fund once the information is no longer needed for the purpose for which the disclosure was made.

With regard to appeals of claims determinations, to the extent possible, the Fund will submit de-identified information to the Trustees. If you have filed an appeal of a claim determination and do not want your PHI to be de-identified for disclosure to the Trustees, you may submit an authorization to have your PHI disclosed to the Trustees. This is entirely your choice, and your appeal will not be prejudiced in any way if you do not submit such an authorization.

6. Individual Rights

You have the right to inspect and copy PHI that relates to you. The Fund will usually respond to your request within 30 days. The Fund may charge a fee for the cost of providing a copy of your information. If your request to inspect or copy information is denied, the Fund will tell you in writing the reason for the denial and a description of the complaint procedure.

You may request restrictions or limitations related to the uses or disclosures of PHI, other than carrying out payment. The Fund is not required to agree to your request, and may decline to do so if it would affect your care. You may request that the Fund only communicate with you confidentially at a certain location or in a certain manner (*e.g.*, only by calling you at work or at home, or only in writing). The Fund will try to accommodate reasonable requests, but is not required to agree unless failing to agree would place you in danger. If your request is denied, you will be notified in writing. To request any restrictions related to use or disclosure of PHI, contact the HIPAA Privacy Officer.

You have the right to receive an accounting of disclosures made by the Fund for purposes other than treatment, payment or health care operations. You may request an accounting of disclosures made up to six years prior to the request. An accounting needs not include disclosures of PHI made: (1) to carry out treatment, payment or health care operations; (2) to you; or (3) prior to the HIPAA compliance date. The Fund may charge reasonable costs associated with any accounting in excess of one in a twelve-month period. The privacy regulations also exempt from the accounting requirements incidental disclosures and disclosures of a limited data set. To request an accounting, contact the HIPAA Privacy Officer.

You may request that the Fund amend any health information that refers to or relates to you if there are any inaccuracies or incomplete information. The Fund will make a decision on any request for amendment and respond to you within 60 days; if additional time (up to 30 days) is necessary to respond, the Fund will notify you in writing. If your request for amendment is denied, in whole or in part, the Fund will tell you the reason for the denial in writing. To request an amendment of your health information, contact the HIPAA Privacy Officer.

If you received this Notice electronically, you are entitled to receive a paper copy of the Notice.

7. Glossary of Terms

You and *your* refer to Participants and their spouses and dependents who are eligible for benefits from the Fund.

HIPAA means the Health Insurance Portability and Accountability Act of 1996, as amended. HIPAA's privacy regulations are located at 45 CFR § 160.101 *et seq*.

Business Associate means an individual or entity that is not an employee of the Fund, but that, on behalf of the Fund, performs or assists in a function which involves the use or disclosure of PHI.

Protected Health Information("PHI") means individually identifiable health information created, received or maintained by a covered entity in its health care capacity, such as: name; address; employer; date of birth; contact information (phone numbers, fax numbers, Email address); social security numbers, medical record numbers, member or account numbers.

8. Questions and Complaints

If you have any questions or complaints about the Fund's privacy practices or this Notice or if you wish to obtain additional information about the Fund's privacy practices, please contact:

HIPAA Privacy Officer
Lithographers and Photoengravers Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152
866-559-6512

You may file a complaint regarding the Fund's practices regarding PHI with the Fund's Privacy Officer. The Privacy Officer will inform you of the disposition of your complaint. If you believe that your privacy rights have been violated or that the Fund is not complying with the privacy requirements of HIPAA, you may file a complaint with the Secretary of the U. S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Fund will not take any action against you if you file an internal complaint or a complaint with the Secretary.

The Kelly Companies
the value of a good name

To: Mark Poole, Union President

CC: Associated Administrators, TPA

Alicia Cochran

Brian Kelly, President Kelly Press, Inc.

The Fund, Board of Trustees

Subject: Grievance- Dispute of Alleged Delinquency and Liquidate Damages Assessment (April 15, 2026)

Dear Mark, Alicia and The Fund,

This letter serves as a formal grievance under the Collective Bargaining Agreement regarding the delinquency and liquidated damages assessment issued by the Fund's Third-Party Administrator (TPA) on April 15, 2026, seeking $17,157.46 in alleged retroactive penalties dating back to 2020.

The employer disputes the assessment in full for the following reasons:

1. Ambiguous and inconsistent governing documents (2017–2025)

From 2017 through December 2025, the following documents contained conflicting or unclear language regarding contribution obligations and classifications:

- The Collective Bargaining Agreement
- The Union Constitution & Bylaws
- The Health & Welfare Summary Plan Description
- Other fund literature
- Documents still bearing the union's *old name* years after the name change.

These inconsistencies created genuine confusion for both the employer and employees. Several employees experienced financial harm due to these ambiguities, demonstrating that the confusion was real and material.

2. The Union and TPA effectively acknowledged the ambiguity

In December 2025, the Fund issued a Summary of Material Modifications (SMM) specifically to "clean up" and clarify the ambiguous language. This is a tacit admission that the prior documents were unclear and required correction.

A clarification issued in December 2025 cannot be used to impose penalties retroactively to 2020.

3. Employer provided a complete new-hire list dating back to 2017

To demonstrate good-faith compliance, the employer provided the TPA with a comprehensive list of all new hires from 2017 to the present, asking for documentation to help confirm:

- The employer used the same hiring and contribution procedure for every employee
- The employer applied a consistent interpretation of the ambiguous documents
- The Fund accepted contributions for years without objection or correction

This evidence proves the employer acted reasonably and transparently.

4. The TPA refused to review the employer's evidence

The TPA responded that "fund counsel advised they do not have to comply with the request" and declined to review the employer's documentation.

This refusal:

- Undermines the legitimacy of the delinquency assessment
- Violates the Fund's obligation to consider all relevant information
- Conflicts with ERISA fiduciary standards
- Suggests the assessment was issued without a full and fair review

A fund cannot demand retroactive penalties while refusing to examine the employer's proof of consistent compliance.

5. The Fund's own auditors did NOT find these discrepancies

During prior audits conducted by the Fund's own auditors, **no discrepancies of this nature were identified**. This is critical evidence that:

- The employer's long-standing procedures were reviewed and accepted
- The Fund had multiple opportunities to raise concerns and did not
- The alleged delinquency is the result of a **new interpretation**, not employer misconduct
- Retroactive penalties are inappropriate when the Fund's own auditors validated the employer's practices

This further demonstrates that the employer acted in good faith and that the Fund's current position is inconsistent with its own historical oversight.

6. Retroactive liquidated damages are inappropriate

Liquidated damages are intended to address **knowing or willful non-compliance**, not good-faith reliance on ambiguous documents.

Given:

- The ambiguity of the governing documents
- The union's failure to update its name and literature
- The SMM issued only in December 2025
- The employer's consistent practice since 2017
- The TPA's refusal to review evidence
- The Fund auditors' failure to identify any discrepancies
- The lack of any prior notice of alleged non-compliance

Retroactive penalties dating back to 2020 are neither fair nor enforceable.

Requested Remedy

The employer respectfully requests that the Union:

1. Withdraw the delinquency and liquidated damages assessment for all periods prior to the December 2025 SMM.
2. Confirm that the SMM applies on a go forward **only**.
3. Work collaboratively to ensure all governing documents are updated and consistent going forward.
4. Address and remedy any employee harm caused by the prior ambiguity.

The employer remains committed to full compliance with all clear and communicated obligations.

Sincerely,

Diahann Ricks

Human Resources

Kelly Press, Inc.

301.853.4913

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

March 2, 2026

Ms. Alicia Cochran
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

RE: Compliance Audit of Doyle Printing & Offset for the Lithographers & Photoengravers Local 285 Health Fund
(Employer #5187)

Dear Ms. Cochran:

Enclosed you will find a copy of our compliance audit report detailing discrepancies we noted during our review of the payroll records of Doyle Printing & Offset for the period of January 2022 through September 2025.

If there are any questions concerning the audit, please refer them to me.

Sincerely,

Calibre CPA Group, PLLC

Enclosure

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

March 2, 2026

Board of Trustees of the
Lithographers & Photoengravers Local 285 Health Fund

We have applied certain procedures, as discussed below, to the payroll records of Doyle Printing & Offset, a contributing employer to the Lithographers & Photoengravers Local 285 Health Fund for the period of January 2022 through September 2025. The purpose of our review was to assist you in determining whether contributions to the Trust Fund are being made in accordance with the collective bargaining agreement in effect and with the Trust Agreement of the Fund. The propriety of the contributions is the responsibility of the employer's management.

Our procedures included a review of the pertinent provisions of the Collective Bargaining Agreements and compared underlying employer payroll records to the Fund's contribution records. The employer records we reviewed included payroll journals, individual earning records, payroll tax returns, contribution reports, job classificiations, and general disbursements records as appropriate. The procedures were performed on a test basis and were expanded if the results so warranted. The scope of this engagement was limited to records made available by the employer and therefore did not necessarily disclose all exceptions in employer contributions to the Fund. Any compensation paid to employees not disclosed to us or made part of the written record was not determinable by us and was not included in our review.

Our procedures related to a review of the employer's payroll records only and did not extend to any financial statements of the contributing employer. The procedures were substantially less in scope than an audit of financial statements of the contributing employer, the objective of which is the expression of an opinion on the contributing employer's financial statements. Accordingly, no such opinion is expressed.

The exceptions to the employer contributions noted are detailed on the accompanying schedules.

Calibre CPA Group, PLLC

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

March 2, 2026

Board of Trustees of the
Lithographers & Photoengravers Local 285 Health Fund

COMPLIANCE AUDIT REPORT

Employer Name:	Doyle Printing & Offset
Employer Number:	5187
Field work Started:	9/9/2025
Period Examined:	January 2022 through September 2025
Local Union:	285
Contact:	Deanna Harris
Location of Employer:	5206 46th Avenue Hyatsville, Maryland
Location of Audit:	Calibre CPA Group, PLLC
Email Address:	dharris@doyleprint.com

Summary of Compliance Audit Findings:
Auditor picked up a few over and under payments from payroll testing. No other discrepancies were noted while performing testing.

Did the employer provide waivers for non-reported eligible employees and were they correctly reported?
This did not apply.

Results of the hire and termination testing:
There were no discrepancies related to hire and termination testing.

Did the employer report at the correct rates?
Yes, the employer reported at the correct rates.

THE LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 HEALTH FUND
PAYROLL AUDIT SUMMARY
UNDERPAYMENTS

Employer: Doyle Printing & Offset

Employer Code: 5187

Audit Period: January 2022 through September 2025

Year	HEALTH	TOTALS
2022	$1,750.00	$1,750.00
2023	$4,375.00	$4,375.00
2024	$7,100.00	$7,100.00
2025	$8,055.00	$8,055.00
Total Underpayments	**$21,280.00**	**$21,280.00**

Explanation of Findings:
F. Employer omitted months paid

THE LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 HEALTH FUND
EMPLOYER CONTRIBUTION

EMPLOYER CODE: 5187 **PAYROLL AUDIT PERIOD:** January 2022 through September 2025
EMPLOYER NAME: Doyle Printing & Offset
EMPLOYER ADDRESS: 5206 46th Avenue Hyatsville, Maryland
CONTACT & PH#: Deanna Harris dharris@doyleprint.com
APPRX. COVERED EMPLOYEES: 20

PRIMARY EXPLANATION OF FINDINGS:
F. Employer omitted months paid

YEAR: 2022

EMPLOYEE NAME	NOTE	HIRE	ELIGIBLE	TERM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Stephen Chisefsky	F	09/19/22	10/19/22												1.00	1.00	2.00
				MONTHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	2.00
				RATE	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 865.00	$ 875.00	$ 875.00	
				AMOUNT	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$875.00	$875.00	$1,750.00

THE LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 HEALTH FUND
EMPLOYER CONTRIBUTION

EMPLOYER CODE: **5187**

PAYROLL AUDIT PERIOD: **January 2022 through September 2025**
EMPLOYER NAME: **Doyle Printing & Offset**
EMPLOYER ADDRESS: **5206 46th Avenue Hyatsville, Maryland**
CONTACT & PH#: **Deanna Harris dharris@doyleprint.com**
APPRX. COVERED EMPLOYEES: **20**

PRIMARY EXPLANATION OF FINDINGS:
F. Employer omitted months paid

YEAR: **2023**

EMPLOYEE NAME	NOTE	HIRE	ELIGIBLE	TERM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Stephen Chisefsky	F	09/19/22	10/19/22		1.00	1.00											2.00
Salvador Granados Rivera	F	02/27/23	03/29/23					1.00									1.00
Heidy Tejeda Carranza	F	03/27/23	04/26/23						1.00	1.00							2.00
				MONTHS	1.00	1.00	0.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
				RATE	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	$ 875.00	
				AMOUNT	$875.00	$875.00	$0.00	$875.00	$875.00	$875.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,375.00

THE LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 HEALTH FUND
EMPLOYER CONTRIBUTION

EMPLOYER CODE: 5187 **PAYROLL AUDIT PERIOD:** January 2022 through September 2025
EMPLOYER NAME: Doyle Printing & Offset
EMPLOYER ADDRESS: 5206 46th Avenue Hyatsville, Maryland
CONTACT & PH#: Deanna Harris dharris@doyleprint.com
APPRX. COVERED EMPLOYEES: 20

PRIMARY EXPLANATION OF FINDINGS:
F. Employer omitted months paid

YEAR: 2024

EMPLOYEE NAME	NOTE	HIRE	ELIGIBLE	TERM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Salvador Granados Rivera	F	02/27/23	03/29/23						1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8.00
				MONTHS	0.00	0.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8.00
				RATE	$ 875.00	$ 875.00	$ 875.00	$ 885.00	$ 885.00	$ 885.00	$ 885.00	$ 885.00	$ 885.00	$ 885.00	$ 895.00	$ 895.00	
				AMOUNT	$0.00	$0.00	$0.00	$0.00	$885.00	$885.00	$885.00	$885.00	$885.00	$885.00	$895.00	$895.00	$7,100.00

THE LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 HEALTH FUND
EMPLOYER CONTRIBUTION

EMPLOYER CODE: 5187 **PAYROLL AUDIT PERIOD:** January 2022 through September 2025
EMPLOYER NAME: Doyle Printing & Offset
EMPLOYER ADDRESS: 5206 46th Avenue Hyatsville, Maryland
CONTACT & PH#: Deanna Harris dharris@doyleprint.com
APPRX. COVERED EMPLOYEES: 20

PRIMARY EXPLANATION OF FINDINGS:
F. Employer omitted months paid

YEAR: 2025

EMPLOYEE NAME	NOTE	HIRE	ELIGIBLE	TERM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Salvador Granados Rivera	F	02/27/23	03/29/23		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00				9.00
				MONTHS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	0.00	0.00	9.00
				RATE	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 895.00	$ 905.00	$ 905.00	
				AMOUNT	$895.00	$895.00	$895.00	$895.00	$895.00	$895.00	$895.00	$895.00	$895.00	$0.00	$0.00	$0.00	$8,055.00

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

February 2, 2026

Ms. Alicia Cochran
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

RE: Revised Compliance Audit of Kelly Press for the Lithographers & Photoengravers Local 285 Health Fund
(Employer #5193)

Dear Ms. Cochran:

We noted no discrepancies during our review of the payroll records of Kelly Press for the period of January 2022 through December 2024.

If there are any questions concerning the audit, please refer them to us.

Sincerely,

Calibre CPA Group, PLLC

Enclosure

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

February 2, 2026

Board of Trustees of the
Lithographers & Photoengravers Local 285 Health Fund

We have applied certain procedures, as discussed below, to the payroll records of Kelly Press, a contributing employer to the Lithographers & Photoengravers Local 285 Health Fund for the period of January 2022 through December 2024. The purpose of our review was to assist you in determining whether contributions to the Trust Fund are being made in accordance with the collective bargaining agreement in effect and with the Trust Agreement of the Fund. The propriety of the contributions is the responsibility of the employer's management.

Our procedures included a review of the pertinent provisions of the Collective Bargaining Agreements and compared underlying employer payroll records to the Fund's contribution records. The employer records we reviewed included payroll journals, individual earning records, payroll tax returns, contribution reports, job classifications, and general disbursements records as appropriate. The procedures were performed on a test basis and were expanded if the results so warranted. The scope of this engagement was limited to records made available by the employer and therefore did not necessarily disclose all exceptions in employer contributions to the Fund. Any compensation paid to employees not disclosed to us or made part of the written record was not determinable by us and was not included in our review.

Our procedures related to a review of the employer's payroll records only and did not extend to any financial statements of the contributing employer. The procedures were substantially less in scope than an audit of financial statements of the contributing employer, the objective of which is the expression of an opinion on the contributing employer's financial statements. Accordingly, no such opinion is expressed.

No exceptions to employer contributions were noted.

Calibre CPA Group, PLLC

CALIBRE
CPA GROUP
7501 Wisconsin Avenue | Suite 1200 West
Bethesda, MD 20814

February 2, 2026

Board of Trustees of the
Lithographers & Photoengravers Local 285 Health Fund

COMPLIANCE AUDIT REPORT

Employer Name:	Kelly Press
Employer Number:	5193
Field work Started:	September 17, 2025
Period Examined:	January 2022 through December 2024
Local Union:	285
Contact: Title:	Diahann Ricks HR Generalist
Location of Employer:	1701 Cabin Branch Drive Cheverly, MD 20785
Location of Audit:	Calibre CPA, PLLC
Email Address:	dricks@thekellycompanies.com

Summary of Compliance Audit Findings:
No discrepancies were noted as a result of the review. All eligible employees were correctly reported.

Please note the original report indicated that the audit period was through June 2025. This was a clerical error on our part, and we have updated this report to indicate the correct audit period through December 2024.

Did the employer provide waivers for non-reported eligible employees and were they correctly reported?
Yes, the employer provided waivers for non-reported eligible employees.

Results of the hire and termination testing:
The employer correctly reported employees from their hire and termination dates.

Did the employer report at the correct rates?
Yes, the employer reported at the correct rates.

Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

Summary Annual Report
For
LITHOGRAPHERS AND PHOTOENGRAVERS
LOCAL 285 WELFARE FUND

This is a summary of the annual report for the LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND, (Employer Identification No. 23-7237228, Plan No. 501) for the period March 1, 2024 to February 28, 2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has contracts with United of Omaha Life Insurance Company to pay all sickness and accident benefits, life insurance and Accidental Death and Dismemberment insurance; Kaiser Foundation Health Plan of Mid-Atlantic States to pay all HMO medical claims and prescription drug benefits; Chartis for all optical benefits; and Cigna for all dental benefits. Additionally, certain retiree benefits are provided on a fully-insured basis by the Graphic Communications National Health and Welfare Fund.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was $2,212,615 as of February 28, 2025, compared to $2,250,575 as of March 1, 2024. During the plan year, the plan experienced an decrease in its net assets of $37,960. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $1,405,088 including employer contributions of $1,186,283, employee contributions of $88,602, and earnings on investments of $130,203. Plan expenses were $1,443,048. These expenses included $113,904 in administrative expenses, $1,270,524 in benefits paid to participants and beneficiaries, and $58,620 in other expenses.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships to the plan);
5. Transactions in excess of 5 percent of the plan assets; and
6. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND
c/o Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9541
23-7237228 (EIN - Health & Welfare Fund)
1-866-559-6512

The charge to cover copying costs will be $7.00 for the full report, $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9451

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

BOARD OF TRUSTEES