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

July 22, 2026

AGENDA

I. Call To Order

II. Minutes – April 29, 2026

III. Financial Statements – March 2025 – May 2026

IV. Philadelphia Trust Company

V. Counsel Report

VI. Other Fund Business

VII. Cheiron Report

VIII. Next Meeting Date and Location

IX. Adjournment

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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND HELD ON APRIL 29, 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:
Jason Arendt – Mooney, Green, Saindon, Murphy & Welch, P.C.
Alicia Cochran – Associated Administrators, 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

II. MINUTES

Ms. Cochran confirmed that there were no changes to the final draft of the February 3, 2026 minutes circulated prior to the meeting.

On Motion made and seconded, the Trustees unanimously:

RESOLVED that the minutes of the regular Board meeting held February 3, 2026 are approved as written.

III. FINANCIAL REPORT

A. Financials

Ms. Cochran reviewed the unaudited Financial Statements for the fourth quarter of the Plan year beginning March 1, 2025. Through the fourth quarter, the Fund had total income of $1,458,105 and total expenses of $1,499,875. The Fund operated through the fourth quarter with a deficit of $41,770.

On Motion made and seconded, the Trustees unanimously:

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

Ms. Cochran then reported that the Fund has approximately 17.5 months of reserve as of February 28, 2026.

B. Delinquencies

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

IV. 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 March 31, 2026, noting a gross return of 0.82% year to date and 7.67% for the trailing year. In response to questions about whether the Fund's equity holdings should be expanded, Mr. Walker stated that there are no recommended changes to the investment allocations. He reviewed the main benchmarks contained in the report, noting that the S&P was down 4.33% through March 31, 2026.

Mr. Walker noted the maturity of a U.S. Treasury Note on March 16, 2026, which was replaced with a U.S. Treasury Note with a return of 3.625%, maturing in August 2029.

Mr. Walker noted the maturity of a U.S. Treasury Bond on February 12, 2026, which was replaced with a U.S. Treasury Note with a return of 3.5%, due January 15, 2029.

Mr. Walker noted a $125,000 T-bill matured on February 12, 2026, which was replaced with an October 2026 T-bill.

Mr. Walker reported interim action taken by the Trustees on April 7, 2026 to approve transferring $75,000 from The Philadelphia Trust Company investments cash account to the PNC cash account to cover expenses.

Mr. Walker said that a check in the amount of $50,074.37, which reflected the balance of the CD held at First Citizens Bank, was received on March 16, 2026 and deposited in the account.

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

V. COUNSEL

Mr. Lin introduced Jason Arendt, a benefits associate who recently joined Mooney Green. Mr. Lin provided an overview of Mr. Arendt's experience and expertise and discussed Mr. Arendt's assistance with the Fund.

Mr. Lin then directed the Trustees' attention to the updated Notice of Privacy Practices ("NPP") distributed with the meeting materials. He noted that the updated NPP includes required additional provisions concerning the handling of certain substance use disorder treatment records. The Trustees then, on Motion made and seconded, unanimously:

RESOLVED to accept and approve the updated Notice of Privacy Practices.

The updated NPP will be posted online for availability to participants.

VI. OTHER FUND BUSINESS

A. Payroll Audit – Doyle Printing

Ms. Cochran reported that the Fund auditor, Calibre, completed the payroll audit for Doyle Printing for the period January 1, 2022 through September 30, 2025. She stated that the audit found a total of $6,125 due to the Fund; she clarified that the audit materials in the meeting packet, reflecting $21,280 due for the audit period, were incorrect. The employer received the payroll audit report on April 10, 2026 and the shortage was paid.

B. Payroll Audit – Kelly Press Inc.

Ms. Cochran reported that the Fund auditor, Calibre, completed the payroll audit for Kelly Press for the period January 1, 2022 through December 31, 2024. She said that the auditors did not find any delinquencies.

C. Open Enrollment Recap

Ms. Cochran reviewed the open enrollment process completed for Plan year beginning March 1, 2026 and reported the Plan changes for participants. She reviewed the final rates and employer contributions as of March 1, 2026.

D. Annual Creditable Coverage Disclosure to CMS

Ms. Cochran reported that the Creditable Coverage Disclosure to the Centers for Medicare & Medicaid Services ("CMS") for 2026 was electronically filed on time, and CMS accepted the filing.

E. Long Term Disability ("LTD") Benefits

Ms. Cochran reported that in accordance with the Trustees' direction at the prior meeting, she requested information from the broker, Lakeshore Benefits about LTD benefits. She noted that Mr. Chicoski stated that offering LTD benefits is uncommon among Taft-Hartley funds, but suggested two possible options for consideration: 1) a benefit paid 100% by the Plan or 2) a benefit that is 100% voluntary (member paid). She said that Mr. Chicoski stated the pricing can be expensive but it is dependent on the type of benefit being offered and that he could provide a quote for pricing with updated census data. The Trustees discussed the value of providing LTD benefits and agreed not to take action on LTD benefits at this time.

F. 1099NEC

Ms. Cochran reported the Forms 1099NEC were mailed on January 28, 2026.

G. 1099-MISC

Ms. Cochran reported the Forms 1099-MISC were mailed on January 30, 2026.

H. Form 1095-B

Ms. Cochran reported that Associated posted a notice on the Fund's website informing participants that the Form 1095-B Notice would no longer be automatically mailed by Kaiser.

I. Proposed Merger

Ms. Cochran reported that Cheiron was in the process of reviewing updated merger data and did not have anything to present to the Trustees at this time. Mr. Lin stated that Cheiron has received and is reviewing Collective Bargaining Agreements from both locals for completing a more comprehensive compensation review. The Trustees agreed that if Cheiron completes its review prior to the next meeting, then the Board can set a date for a special meeting to review Cherion's presentation.

VII. NEXT MEETING DATE AND LOCATION

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

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:00 am.

Respectfully submitted,
Mark Poole, Secretary

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

2026/2027	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	110,221	102,669										212,890
COBRA Self Pay	0	0	0										0
Retired Self Pay	8,851	8,672	6,232										23,756
Liquidated Damages	0	0	60										60
Interest on Delinquency	0	0	50										50
Interest Income	6,535	1,393	1,904										9,832
Express Scripts Refunds	0	0	0										0
IRS Refund	0	0	0										0
IRS Interest	0	0	0										0
Philadelphia Trust Realized G/L	0	0	0										0
Philadelphia Trust Unrealized G/L	(21,130)	19,952	9,368										8,190
Total Income	**(5,744)**	**140,238**	**120,284**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**254,778**
Expenses													
Administration Fee	10,165	10,165	10,165										30,495
Audit Fee	0	0	0										0
Actuarial Services	0	0	0										0
Bank Charges	258	314	245										816
Ben Paid-GCN	1,033	1,033	1,033										3,100
Bond Expense	102	0	0										102
Dental Premiums	4,239	4,334	4,140										12,713
Vision Premiums	619	646	632										1,897
Ins Premium Life	1,138	1,153	1,261										3,552
Ins Premium - STD, AD&D	616	617	672										1,906
Kaiser Premium-Act	102,125	101,157	100,462										303,744
Kaiser Premium-Ret	4,622	4,622	4,622										13,866
Kaiser Premium-COBRA	0	0	0										0
Consulting Fees	0	0	0										0
Inv Custodian Expense	0	0	0										0
Meeting Expense	0	0	0										0
Legal Fees	0	0	5,023										5,023
Postage Expense	1,267	0	0										1,267
Printing Expense	382	0	0										382
Professional Associations	0	0	0										0
Fiduciary Resp Insurance	2,095	0	0										2,095
Trustee Expense	0	0	0										0
Office Supply	0	0	0										0
Cyber Liability Insurance	2,022	0	0										2,022
IFEBP	1,104	0	0										1,104
Medical Reimbursement	0	0	0										0
PTC Trust Fee	0	2,518	0										2,518
Wire Fee	0	0	0										0
Transfer Fee	0	0	0										0
Total Expenses	**131,786**	**126,561**	**128,255**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**386,602**
Gain/Loss	**(137,530)**	**13,678**	**(7,971)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(131,824)**

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

ASSETS

Current Assets			
PNC Bank (0355)	$	204.23	
PNC Bank MM (0347)		50,531.92	
Philadelphia Trust		1,969,622.98	
Total Assets			$ 2,020,359.13

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,152,183.25	
Net Income		(131,824.12)	
Total Capital			2,020,359.13
Total Liabilities & Capital			$ 2,020,359.13

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

		May-26
Income		
Contributions	$	102,669.10
Cobra Payments		0.00
Interest Earned		1,904.09
Retiree Contributions		6,231.80
Liquidated Damages		60.00
Interest on Late Contributions		50.08
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		9,368.45
Total Income		120,283.52
Expenses		
Vision Insurance		632.45
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		245.02
Accounting, Auditing, Consulting		0.00
Actuarial Services		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		105,083.74
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,139.89
Cyber Liability Insurance		0.00
Legal Expenses		5,022.50
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		1,260.84
Short Term Disability		672.20
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		128,254.84
Net Income	($	7,971.32)

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	17,831.36	40173	5/11/2026	Payment for 4/26
Kelly Press	5193	36,383.60	ACH	5/8/2026	Payment for 4/26
Kelly Press	5193	181.56	ACH	5/8/2026	Payment for 3/26
Mosaic Bookbinders	5185	24,948.36	ACH	5/8/2026	Payment for 4/26
Mosaic Lithographers	5194	20,003.48	ACH	5/8/2026	Payment for 4/26
Raff Embossing & Foilcraft	5183	1,597.26	24544	5/1/2026	Payment for 3/26
Raff Embossing & Foilcraft	5183	63.11	24561	5/29/2026	Payment for 3/26
Raff Embossing & Foilcraft	5183	1,660.37	24561	5/29/2026	Payment for 4/26
Total Contributions:		**102,669.10**			
Raff Embossing & Foilcraft	5183	55.04	24561	5/29/2026	Payment for March 2026 Late Fees
Raff Embossing & Foilcraft	5183	55.04	24561	5/29/2026	Payment for April 2026 Late Fees
Total Late Fees/Liquidated Damages:		**110.08**			

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

Date	Check #	Payee	Amount
5/19/26	2365	Associated Administrators, LLC	10,165.00
5/19/26	2366	Mooney, Green, Saindon, Murphy & Welch	5,022.50
5/19/26	2367	Graphic Communications National H&W Fund	1,033.20
5/19/26	2368	National Vision Administrators, LLC	632.45
5/19/26	2369	Mutual Of Omaha	1,933.04
5/19/26	2370	CHLIC	4,139.89
5/19/26	2371	Kaiser Foundation Health Plan	105,083.74
Total			**128,009.82**

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

As of July 9, 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	$ 1,660.37	$ 25.87	$ 30.00	$ 55.87	$ 55.87	5/29/26 & 6/16/26	$ -
	Apr-26	$ 1,660.37	$ 1,660.37	$ 25.04	$ 30.00	$ 55.04	$ 55.04	5/29/26	$ -
	May-26	$ 1,660.37	$ 1,660.37	$ 25.27	$ -	$ 25.27	$ -		$ 25.27
		$ 4,981.11	$ 4,981.11	$ 76.18	$ 60.00	$ 136.18	$ 110.91	TOTAL DUE:	**$ 25.27**
Kelly Press	Apr-20	$ 26,390.00	$ 26,390.00	$ 665.49	$ 217.50	$ 882.99	$ -		$ 882.99
	Jun-20	$ 26,680.00	$ 26,680.00	$ 657.37	$ 217.50	$ 874.87	$ -		$ 874.87
	Jul-20	$ 26,680.00	$ 26,680.00	$ 650.90	$ 217.50	$ 868.40	$ -		$ 868.40
	Jun-22	$ 26,584.44	$ 26,584.44	$ 689.87	$ -	$ 689.87	$ -		$ 689.87
	Aug-24	$ 30,984.72	$ 30,984.72	$ 619.77	$ -	$ 619.77	$ -		$ 619.77
	Mar-25	$ 31,061.24	$ 31,061.24	$ 677.91	$ 465.92	$ 1,143.83	$ -		$ 1,143.83
	Apr-25	$ 1,121.04	$ -	$ 23.97	$ 16.82	$ 40.79	$ -		$ 1,161.83
	Jun-25	$ 6,893.36	$ -	$ 141.33	$ 105.00	$ 246.33	$ -		$ 7,139.69
	Jul-25	$ 305.56	$ -	$ 10.34	$ 30.00	$ 40.34	$ -		$ 345.90
	Aug-25	$ 161.04	$ -	$ 5.05	$ 15.00	$ 20.05	$ -		$ 181.09
	Sep-25	$ 1,282.08	$ -	$ 25.93	$ 30.00	$ 55.93	$ -		$ 1,338.01
	Oct-25	$ 161.04	$ -	$ 4.52	$ 15.00	$ 19.52	$ -		$ 180.56
	Nov-25	$ 161.04	$ -	$ 4.26	$ 15.00	$ 19.26	$ -		$ 180.30
	Dec-25	$ 161.04	$ -	$ 3.99	$ 15.00	$ 18.99	$ -		$ 180.03
	Jan-26	$ 161.04	$ -	$ 3.72	$ 15.00	$ 18.72	$ -		$ 179.76
	Feb-26	$ 1,104.52	$ -	$ 18.57	$ 16.57	$ 35.14	$ -		$ 1,139.66
	Mar-26	$ 181.56	$ 181.56	$ 3.52	$ 15.00	$ 18.52	$ -		$ 18.52
	May-26	$ 33.04	$ -	$ 0.72	$ 15.00	$ 15.72	$ -		$ 48.76
		$ 180,106.76	$ 168,561.96	$ 4,207.23	$ 1,421.81	$ 5,629.04	$ -	TOTAL DUE:	**$ 17,173.84**

Lithographers & Photoengravers Local 285 Welfare Fund

Fund Reserve
As of May 31, 2026

Expenses			
Period	3/25 - 2/26		$ 1,499,875
	3/26 - 5/26		$ 386,602
	Total		$ 1,886,476
	Per Month		$ 125,765
Fund Reserve			
Total Net Assets			$ 2,020,359
Months of Reserve			16.1

Reserve Projection			
Period	Surplus/(Deficit)		
3/25 - 2/26	$		(41,770)
3/26 - 5/26	$		(131,824)
Total	$		(173,594)
Monthly Average	$		(11,573)
Projection	Reserve Amount		Months of Reserve
3 months (8/31/26)	$	1,985,640	15.8
6 Months (11/30/26)	$	1,950,922	15.5
12 Months (5/31/27)	$	1,881,484	15.0

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

2026/2027	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	110,221											110,221
COBRA Self Pay	0	0											0
Retired Self Pay	8,851	8,672											17,524
Liquidated Damages	0	0											0
Interest on Delinquency	0	0											0
Interest Income	6,535	1,393											7,928
Express Scripts Refunds	0	0											0
IRS Refund	0	0											0
IRS Interest	0	0											0
Philadelphia Trust Realized G/L	0	0											0
Philadelphia Trust Unrealized G/L	(21,130)	19,952											(1,179)
Total Income	**(5,744)**	**140,238**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**134,494**
Expenses													
Administration Fee	10,165	10,165											20,330
Audit Fee	0	0											0
Actuarial Services	0	0											0
Bank Charges	258	314											571
Ben Paid-GCN	1,033	1,033											2,066
Bond Expense	102	0											102
Dental Premiums	4,239	4,334											8,573
Vision Premiums	619	646											1,265
Ins Premium Life	1,138	1,153											2,291
Ins Premium - STD, AD&D	616	617											1,233
Kaiser Premium-Act	102,125	101,157											203,282
Kaiser Premium-Ret	4,622	4,622											9,244
Kaiser Premium-COBRA	0	0											0
Consulting Fees	0	0											0
Inv Custodian Expense	0	0											0
Meeting Expense	0	0											0
Legal Fees	0	0											0
Postage Expense	1,267	0											1,267
Printing Expense	382	0											382
Professional Associations	0	0											0
Fiduciary Resp Insurance	2,095	0											2,095
Trustee Expense	0	0											0
Office Supply	0	0											0
Cyber Liability Insurance	2,022	0											2,022
IFEBP	1,104	0											1,104
Medical Reimbursement	0	0											0
PTC Trust Fee	0	2,518											2,518
Wire Fee	0	0											0
Transfer Fee	0	0											0
Total Expenses	**131,786**	**126,561**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**258,347**
Gain/Loss	**(137,530)**	**13,678**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(123,853)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For April 30, 2026

ASSETS

Current Assets			
PNC Bank (0355)	$	358.04	
PNC Bank MM (0347)		69,499.57	
Philadelphia Trust		1,958,472.84	
Total Assets			$ 2,028,330.45

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	5,022.50	
Total Liabilities			5,022.50
Capital			
Retained Earnings	$	2,147,160.75	
Net Income		(123,852.80)	
Total Capital			2,023,307.95
Total Liabilities & Capital			$ 2,028,330.45

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For April 30, 2026

		Apr-26
Income		
Contributions	$	110,220.69
Cobra Payments		0.00
Interest Earned		1,393.46
Retiree Contributions		8,672.42
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		19,951.85
Total Income		140,238.42
Expenses		
Vision Insurance		646.35
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		313.85
Accounting, Auditing, Consulting		0.00
Actuarial Services		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		105,779.50
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,334.16
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		1,153.40
Short Term Disability		617.00
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		2,518.44
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		126,560.90
Net Income	$	13,677.52

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	16,414.92	39965	4/8/2026	Payment for 3/26
Doyle Printing & Offset	5187	6,125.00	40003	4/16/2026	Payment for 2022-23
Union HQ Staff	5196	3,267.95	20589	4/1/2026	Payment for 3/26
Union HQ Staff	5196	3,267.95	20616	4/27/2026	Payment for 4/26
Kelly Press	5193	36,193.03	ACH	4/10/2026	Payment for 3/26
Mosaic Bookbinders	5185	24,948.36	ACH	4/10/2026	Payment for 3/26
Mosaic Lithographers	5194	20,003.48	ACH	4/10/2026	Payment for 3/26
	Total Contributions:	**110,220.69**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From April 1, 2026 to April 30, 2026

Date	Check #	Payee	Amount
4/17/26	2358	Associated Administrators, LLC	10,165.00
4/17/26	2359	CHLIC	4,334.16
4/17/26	2360	National Vision Administrators, LLC	646.35
4/17/26	2361	Graphic Communications National H&W Fund	1,033.20
4/17/26	2362	Mooney, Green, Saindon, Murphy & Welch	4,482.50
4/17/26	2363	Mutual Of Omaha	1,770.40
4/17/26	2364	Kaiser Foundation Health Plan	105,779.50
Total			**128,211.11**

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

2026/2027	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0												0
COBRA Self Pay	0												0
Retired Self Pay	8,851												8,851
Liquidated Damages	0												0
Interest on Delinquency	0												0
Interest Income	6,535												6,535
Express Scripts Refunds	0												0
IRS Refund	0												0
IRS Interest	0												0
Philadelphia Trust Realized G/L	0												0
Philadelphia Trust Unrealized G/L	(21,130)												(21,130)
Total Income	**(5,744)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(5,744)**
Expenses													
Administration Fee	10,165												10,165
Audit Fee	0												0
Actuarial Services	0												0
Bank Charges	258												258
Ben Paid-GCN	1,033												1,033
Bond Expense	102												102
Dental Premiums	4,239												4,239
Vision Premiums	619												619
Ins Premium Life	1,138												1,138
Ins Premium - STD, AD&D	616												616
Kaiser Premium-Act	102,125												102,125
Kaiser Premium-Ret	4,622												4,622
Kaiser Premium-COBRA	0												0
Consulting Fees	0												0
Inv Custodian Expense	0												0
Meeting Expense	0												0
Legal Fees	0												0
Postage Expense	1,267												1,267
Printing Expense	382												382
Professional Associations	0												0
Fiduciary Resp Insurance	2,095												2,095
Trustee Expense	0												0
Office Supply	0												0
Cyber Liability Insurance	2,022												2,022
IFEBP	1,104												1,104
Medical Reimbursement	0												0
PTC Trust Fee	0												0
Wire Fee	0												0
Transfer Fee	0												0
Total Expenses	**131,786**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**131,786**
Gain/Loss	**(137,530)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(137,530)**

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

ASSETS

Current Assets			
PNC Bank (0355)	$	511.60	
PNC Bank MM (0347)		3,875.17	
Philadelphia Trust		2,014,748.52	
Due to Philadelphia Trust		0.14	
Total Assets			$ 2,019,135.43

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	9,505.00	
Total Liabilities			9,505.00
Capital			
Retained Earnings	$	2,147,160.75	
Net Income		(137,530.32)	
Total Capital			2,009,630.43
Total Liabilities & Capital			$ 2,019,135.43

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

		Mar-26
Income		
Contributions	$	0.00
Cobra Payments		0.00
Interest Earned		6,534.63
Retiree Contributions		8,851.41
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		(21,130.38)
Total Income		(5,744.34)
Expenses		
Vision Insurance		618.55
Medical Reimbursement		0.00
Plan/Trust Administration		10,165.00
Bank Charges		257.57
Accounting, Auditing, Consulting		0.00
Actuarial Services		0.00
Bond Insurance Expense		101.56
Fiduciary Liability Insurance		2,094.75
Medical Insurance (Kaiser)		106,747.07
Medical Insurance (GCN)		1,033.20
Dental Insurance		4,238.72
Cyber Liability Insurance		2,022.17
Legal Expenses		0.00
IFEBP		1,104.16
Travel Expenses		0.00
Postage Expense		1,267.20
Office Supply		0.00
Printing Expense		382.03
Trustee Expense		0.00
Group Term Life Insurance		1,137.60
Short Term Disability		616.40
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		131,785.98
Net Income	($	137,530.32)

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 March 1, 2026 to March 31, 2026

Date	Check #	Payee	Amount
3/23/26	2352	Associated Administrators, LLC	11,817.55
3/23/26	2353	Graphic Communications National H&W Fund	1,033.20
3/23/26	2354	National Vision Administrators, LLC	618.55
3/23/26	2355	CHLIC	4,238.72
3/23/26	2356	Mutual Of Omaha	1,754.00
3/23/26	2357	Kaiser Foundation Health Plan	106,747.07
Total			**126,209.09**

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

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.

EBERTS & HARRISON

Union Insurance by Union Agents

July 01, 2026

IMPORTANT POLICYHOLDER MEMORANDUM

Re: **Group ERISA Bonding Program**
PRINTING PACKAGING & PRODUCTION WORKERS UNION OF NORTH AMERICA

Subject: **Commercial Crime Policy Renewal Renewal**
Term: July 01, 2026 to July 01, 2029

This memorandum is to advise of thc renewal of your coverage under the new ERISA/Fidelity Bond for the ensuing three-year period effective July 01, 2026 to July 01, 2029 with Zurich American Insurance Company. Enclosed are the following:

1. **Certificate of coverage**
2. **Invoice reflecting the three-year prepaid premium**

We would like to remind you that the Group Bond program expands coverages beyond the ERISA mandated Employee Theft coverage.

The below coverages/insuring agreements are included:

1. **Employee Theft**
2. **Forgery or Alterations Fraud**
3. **Computer & Funds Transfer Fraud**
4. **Fraudulent Impersonation/Social Engineering**

Please review the coverage amount to be sure that your current bonding amount is adequate to meet the requirements of the Employee Retirement Income and Security Act of 1974 (ERISA) and the desires of the Fund(s) Trustees. The requirement is that EACH Fund be bonded for at least ten percent (10%) of "funds handled" annually. Funds handled has been interpreted to mean the amount of funds on hand at the beginning of the fiscal year PLUS the income received during the year. It is permissible to combine more than one fund within a single bond, however, the total amount of bond must be in compliance for EACH named Fund with up to $500,000 for any one Fund.

If you wish to make changes in the **Coverage Limit** or the **Named Insured(s)** currently covered, please

advise our office immediately. If for any reason you have no further need of this bonding coverage, please advise us **in writing** promptly so that we may arrange to close the file and to eliminate this billing charge. If you choose to email, please address correspondence and requests to **Dane@Ebertsandharrison.com**.

Please be aware that this coverage is written on Zurich's ERISA/Fidelity Bond form.

- The definition of 'employee' is expanded and includes third party administrators and other persons responsible for managing any employee benefit plan without having to be specifically scheduled.
- If multiple plans are included on one policy each plan/fund will have a specific coverage limit.
- The Fraudulent Impersonation/Social Engineering endorsement is subject to the insured implementing specific controls/procedures on all transfers per the conditions section of the additionl coverages endosement. See attached policy specimen.

Note: Nothing contained herein may be construed so as to alter, modify, amend, or change any actual language contained in the policy form or any amendments. Please read your policy carefully for specific details pertaining to your insurance coverage, conditions, provisions, and exclusions.