CALIBRE CPA GROUP

March 7, 2022

Lithographers & Photoengravers Welfare Fund
c/o Alisha Cochran
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9451

RE: Lithographers & Photoengravers Welfare Fund- Review Program

Dear Ms. Cochran,

It is with pleasure that we continue to work with Lithographers & Photoengravers Welfare Fund. We will conduct employer compliance reviews for the Lithographers & Photoengravers Welfare Fund. Each year, three employers will be randomly selected for review. One employer shall be selected from the top one third of contributing employers, one from the middle third and one from the bottom third of contributing employers. Generally, these audits cover a three-year review period.

The procedures to be performed during each review generally include a review of the pertinent provisions of the applicable Collective Bargaining Agreement and the comparison of employer's payroll records to information reported to the Plan. The scope of the services will be limited to records made available by the employers, and therefore would not necessarily disclose all exceptions in employer contributions since any compensation made to employees not disclosed to us or not part of the written record is not determinable by us.

Our procedures relate to a review of only the employers' payroll records and do not extend to any financial statements of the contributing employers. The procedures are substantially less in scope than a review of the financial statements of the contributing employers, the objective of which would be the expression of an opinion on the contributing employers' financial statements. Accordingly, no such opinion will be expressed. We will conduct our reviews on a test basis.

If we detect a systemic error, we will expand our review findings. If the review findings are substantial, we will contact the Funds before proceeding. Since our review is based on the records provided to us, there is a risk that material errors, fraud, or other illegal acts may exist and not be detected by us. Our work does not include any procedures designed to discover defalcations or other irregularities, should any exist.

Any difference between the contractor's calculated liability and the previously reported liability will be communicated to the Trustees in a formal report including spreadsheets calculating deficiencies noted.

For routine/randomly selected employer contribution reviews, the fee will be $1,400 per review for 2022; and $1,700 in 2023. If the audit requires travel outside of the metropolitan areas of Washington DC, we will bill the Fund at cost for those expenses.

For target reviews which require 100% testing, extended review periods and/or legal support or for reviews in which the employers are uncooperative –excessive scheduling difficulties, employers that cancel last minute or employers who do not have information readily available on set appointment dates our standard hourly rates, plus pro-rated travel expenses will be billed. Our standard billing rates are as follows:

- Manager ……………………………$175
- Supervising Senior …………………$135
- Senior ………………………………$115
- Auditor……………………………...$100
- Clerical…………………………… $ 90

*Pro-rated travel expenses

The documentation for this engagement is our property and constitutes confidential information. We may be requested to make certain documentation available to the U.S. Government Agencies pursuant to authority given to it by law. If requested, access to such documentation will be provided under the supervision of our personnel. We will supply you with copies of any documentation, for which copies are given to the U.S. Government Agencies.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement.

Sincerely,

Glenn M. Eyrich
Partner
Calibre CPA Group, PLLC

Ellen K. Odell

Ellen Odell
Principal
Calibre CPA Group, PLLC

RESPONSE:

The services described above are in accordance with our requirements and are hereby agreed to.

Lithographers & Photoengravers Welfare Fund

By: ______________________________ ______________________ _________

Signature Title Date