Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE FUND
C/O ALICARE, INC.
333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

2b Employer Identification Number (EIN) 13-5521921

2c Plan Sponsor's telephone number 914-367-5559

2d Business code (see instructions) 812320

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2022	MICHAEL POTACK - EMPLOYER TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9714
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1951
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2220
b	Retired or separated participants receiving benefits	**6b**	2709
c	Other retired or separated participants entitled to future benefits	**6c**	4594
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	9523
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	189
f	Total. Add lines **6d** and **6e**	**6f**	9712
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	24

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4B

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	4000A	2504	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	232239		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	232239
b Benefit charges (1) Claims paid	**9b(1)**	141643		
(2) Increase (decrease) in claim reserves	**9b(2)**	9701		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	151344
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	152575		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	-33155		
(E) Taxes	**9c(1)(E)**	13151		
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	132571
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	248813
(3) Other reserves			**9d(3)**	781193
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	51676
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	184298665
(2)	Actuarial value of assets for funding standard account	**1b(2)**	173760938
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	152941269
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	152941269
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	321088782
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	6651003
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	12428764
(3)	Expected plan disbursements for the plan year	**1d(3)**	11890107

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	10/12/2022 Date
RON J. STONEHILL Type or print name of actuary	20-08567 Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC Firm name	240-247-4600 Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	184298665
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2941	101864513
(2) For terminated vested participants		4822	154181534
(3) For active participants:			
(a) Non-vested benefits			4344030
(b) Vested benefits			60698705
(c) Total active		1951	65042735
(4) Total		9714	321088782
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	57.40 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	2156814				
			Totals ► **3(b)**	2156814	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	310165

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	113.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☒ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☒ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.43 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.75 %		7.75 %	
e Expense loading	**6e**	86.4 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	10.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	11.7 %	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-5873724	-627179
4	1803919	192617

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	3026197
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	72107946	7992443
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	853945
e Total charges. Add lines 9a through 9d		**9e**	11872585

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	34325686
g	Employer contributions. Total from column (b) of line 3		**9g**	2156814
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 58601929		8788067
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	3424892
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 17813461		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 116531769		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	48695459
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	36822874
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ENTRUST PARTNERS OFFSHORE LP

90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS MID-CAP FUND

98-1509541

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND III LP

74-3219981

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN WEST ASSET MANAGEMENT

95-2642764

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK ADVISORS LLC

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, LLC

13-3806694

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS MGMT, LLC

20-5319476

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVANSTON CAPITAL MANAGEMENT, LLC

30-0046847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEI TRUST COMPANY

06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND V (A)

98-1509288

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND IV LP

98-1087395

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMALGAMATED EMPOYEE BENEFITS ADMINI

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	491056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SCHULTE ROTH & ZABEL LLP

12-2633996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	182227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	152699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT LLC

13-5545100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	111427	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ANDCO CONSULTING LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	85000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	82817	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HAMILTON LANE ADVISORS LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	67152	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

LANDMARK EQUITY ADVISERS LLC

06-1519082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	49507	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

HARDMAN JOHNSTON GLOBAL ADVISOR

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	46655	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45543	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

NEWTOWER TRUST COMPANY

20-1641876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	34421	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 18 51 52	RELATED PARTY	23651	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LAUNDRY DRY CLEANING HEALTH FUND

13-5521921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RELATED PARTY	17384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SS&C TECHNOLOGIES

06-1169696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 72	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	14285	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ALIGRAPHICS, A DIVISION OF AEBA

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 38 50	NONE	13571	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CRYSTAL IBC LLC

47-2002720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10483	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

SEI TRUST COMPANY

06-1271230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	5128	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMALGAMATED BANK	28 18 19 51 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS GOVERMENT CASH 13-3281890	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SS&C TECHNOLOGIES	15 72	14285

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AEBA 13-3432221	BOOKKEEPING AND ACCOUNTING SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LANDMARK EQUITY ADVISERS LLC	28 52	49507

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LANDMARK EQUITY PARTNERS XV 45-1153167	ADVISORY FEES PAID BY THE PARTNERSHIP

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	1742

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CAPITAL OPPORT 74-3218646	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	23364

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CO-INVST FEED3 35-2485272	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	42046

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CO-INVST FEED4 98-1393932	INVESTMENT MANAGEMENT FEES

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRYSTAL IBC LLC	22 53	10345

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERAL INSURANCE COMPANY 13-1963496	INSURANCE BROKER COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRYSTAL IBC LLC	22 53	138

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN INTERNATIONAL GROUP 13-2592361	INSURANCE BROKER COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEWTOWER TRUST COMPANY	21 28 52	34421

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTI-EMPLOYER PROPERTY TRUS 52-6218800	TRUSTEE/INVESTMENT MANAGEMENT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALLCAP 600 INDEX FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-004	C	14885872

a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TST MULTIEMPLOYER PROP TST

b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	4329679

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA CONSTRUCTION LOAN FD

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8434730-006	C	213318

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL LISTED INFRASTRUCTURE

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-6363285-001	E	14287563

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GROUP

b Name of sponsor of entity listed in (a): JOHNSTON ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6493485-001	E	8108249

a Name of MTIA, CCT, PSA, or 103-12 IE: POLEN FOCUS GROWTH COLLECTIVE INVES

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-2631618-001	C	22554514

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-008	C	20574477

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	401044	373772
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	409892	1084105
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3414647	4779802
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18452671	21522576
(5) Partnership/joint venture interests	1c(5)	32390701	38934287
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	51684935	62557860
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	19793700	22395812
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42430092	45185144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15636033	15620886

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	184613715	212454244
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	305000	360083
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	10050	106398
k	Total liabilities (add all amounts in lines 1g through1j)	1k	315050	466481
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	184298665	211987763

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1846649	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	310165	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2156814
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9331	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9331
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	509292	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4431786	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4941078
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	22404197	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19041525	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3362672
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	14051315	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		14051315

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13071340
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		2602113
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1676735
c Other income	2c		12390
d Total income. Add all **income** amounts in column (b) and enter total	2d		38530318
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8926047	
(2) To insurance carriers for the provision of benefits	2e(2)	283916	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9209963
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	311945	
(2) Contract administrator fees	2i(2)	374055	
(3) Investment advisory and management fees	2i(3)	534080	
(4) Other	2i(4)	411177	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1631257
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10841220
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		27689098
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		54555173
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 422096.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5521921

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer HIGHLAND LIGHT STEAM LAUNDRY INC

b EIN 11-2478042 **c** Dollar amount contributed by employer 92624

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer UNITEX/MED APPAREL CONTROLLED

b EIN 13-1694756 **c** Dollar amount contributed by employer 734387

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer ARAMARK

b EIN 95-3082883 **c** Dollar amount contributed by employer 274519

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 26 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer ARROW LINEN & SUPPLY CO

b EIN 11-1606561 **c** Dollar amount contributed by employer 128621

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer FDR SERVICES CORP

b EIN 20-2651495 **c** Dollar amount contributed by employer 131571

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 01 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 2.35% OF GROSS WAGES

a Name of contributing employer HCSC-LAUNDRY ASBURY PARK, NJ

b EIN 23-1709244 **c** Dollar amount contributed by employer 94824

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 25 Year 2022

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.97
b The corresponding number for the second preceding plan year	**15b**	1.05

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	2
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	310165

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 60.1 % Investment-Grade Debt: 9.8 % High-Yield Debt: 0.0 % Real Estate: 4.4 % Other: 25.7 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

FINANCIAL STATEMENTS

DECEMBER 31, 2021

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Laundry, Dry Cleaning Workers and Allied
Industries Retirement Fund, Workers United

Opinion

We have audited the financial statements of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Novak Francella LLC

New York, New York
October 14, 2022

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Short-term investments	$ 4,779,802	$ 3,414,647
Common stock	21,522,576	18,452,671
Limited partnerships	38,934,287	32,390,701
Common collective trusts	62,557,860	51,684,935
103-12 investment entities	22,395,812	19,793,700
Mutual funds	45,185,144	42,430,092
Hedge funds of funds	15,620,886	15,636,033
Total investments	210,996,367	183,802,779
Receivables		
Employer contributions, net of allowance	373,772	401,044
Accrued interest and dividends	13,485	12,548
Due from ALICO	-	78,358
Due from related entity - undistributed contributions	80,966	57,565
Securities sold and not settled	989,481	261,248
Total receivables	1,457,704	810,763
Other assets		
Prepaid expenses	173	173
Total assets	212,454,244	184,613,715
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	236,271	220,080
Cash overdraft	123,812	84,920
Due to related entities	60,449	10,050
Due to ALICO	45,949	-
Total liabilities	466,481	315,050
Net assets available for benefits	$ 211,987,763	$ 184,298,665

See accompanying notes to financial statements.

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 31,410,705	$ 17,077,505
Interest and dividends	4,950,409	3,091,139
	36,361,114	20,168,644
Less investment expenses	(534,080)	(438,497)
Net investment income	35,827,034	19,730,147
Employer contributions	1,846,649	1,793,985
Withdrawal liability payments	310,165	412,771
Other income	12,390	-
Total additions	37,996,238	21,936,903
Deductions		
Retirement benefits	9,209,963	9,248,828
Administrative expenses	1,097,177	1,242,963
Total deductions	10,307,140	10,491,791
Net increase	27,689,098	11,445,112
Net assets available for benefits		
Beginning of year	184,298,665	172,853,553
End of year	$ 211,987,763	$ 184,298,665

See accompanying notes to financial statements.

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan which provides retirement benefits to eligible participants performing covered employment pursuant to collective bargaining agreements between the union and employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - A participant is eligible for a normal retirement benefit if he or she has attained age 65 and has not less than 5 years of participation in the Plan. Local 69 participants are eligible to receive their normal retirement benefit if he or she has attained the age of 62 and has not less than 5 years of participating in the Plan. The Plan permits early retirement at age 62 with 10 years of covered employment. Local 284 participants may elect early retirement benefits at the age 55 with 10 years of covered employment. Local 69 participants may elect early retirement at age 57 with 10 years of covered employment. Participants may elect a joint and survivor annuity. Participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 62 provided such participants have at least 10 years of credited service. Local 284 participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 65 provided such participants have at least 5 years of credited service. Local 69 participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 62 with at least 5 years of credited service with full benefits or at age 57 with at least 10 years of credited service with reduced benefits. An active participant who has been employed in the industry for at least 20 years with at least 15 years of covered employment and who has been awarded a social security disability pension is eligible for a disability pension at any age. Local 284 and Local 69 participants do not have provisions allowing a disability pension.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments in common stock and mutual funds are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. Common collective trusts and the 103-12 investment entities are valued at their market value on the last business day of the year as established by the trusts. The limited partnerships and hedge funds of funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

Hedge fund of funds and limited partnerships are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third party annual audit. The estimated fair values may differ from the values that would have been used had a readily available market existed for these investments, and the difference could be significant. Furthermore, some of these funds have various lock up periods and they are not immediately liquid investments.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions - Employer contributions due and not paid prior to year-end are recorded as contributions receivable. Employer contributions receivable include employer contributions deemed to be delinquent, as well as receivables related to payroll audits. Payroll audits are conducted by the Plan to ensure that employers are remitting the correct amount of contributions in accordance with the applicable collective bargaining agreements. These receivables have been recorded net of management's estimate of what is deemed to be uncollectible of $45,784 and $106,912 at December 31, 2021 and 2020, respectively. Contributions are accounted for as exchange transactions.

Withdrawal Liability Income - Income is recognized when the withdrawal liability payments are received from employers due to the uncertainty that the assessments will be paid in full.

Securities Purchased or Sold and not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING

The Plan is financed by employer contributions. The employer contribution rates are specified in the collective bargaining agreements.

During each of the years ended December 31, 2021 and 2020, the contribution rate ranged from 1.60% to 2.35% of payroll. The contribution rate during the years ended December 31, 2021 and 2020 for drivers was $1.60 per day in addition to the collectively bargained percentage of payroll.

The employer contributions for the Local 284 participants are contributed monthly as specified in the applicable collective bargaining agreements. The employer contribution rates in effect from January 1, 2021 through December 31, 2021 ranged from $72 to $146 per month, per participant. The employer contribution rates in effect from January 1, 2020 through December 31, 2020 ranged from $58.00 to $141.00 per month, per participant. One employer contributes per participant, per week. The contribution rate for this employer ranged from $29.12 to $33.00 per participant, per week from January 1, 2021 through December 31, 2021. The contribution rate for this employer ranged from $28.56 to $33.00 per participant, per week from January 1, 2020 through December 31, 2020.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2021.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on August 24, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2021 and 2020, there were no transfers in or out of levels 1, 2, or 3.

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2021 and 2020:

	December 31, 2021			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 4,779,802	$ 4,779,802	$ -	$ -
Common stock	21,522,576	21,522,576	-	-
Mutual funds	45,185,144	45,185,144	-	-
Total assets in the fair value hierarchy	71,487,522	$ 71,487,522	$ -	$ -
Investments measured at net asset value*	139,508,845			
Total investments at fair value	$ 210,996,367			

	December 31, 2020			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 3,414,647	$ 3,414,647	$ -	$ -
Common stock	18,452,671	18,452,671	-	-
Mutual funds	42,430,092	42,430,092	-	-
Total assets in the fair value hierarchy	64,297,410	$ 64,297,410	$ -	$ -
Investments measured at net asset value*	119,505,369			
Total investments at fair value	$ 183,802,779			

*In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	$ 20,574,477	$ -	Daily	Daily
LongView SmallCap 600 Index	14,885,872	-	Daily	Daily
LongView Ultra Construction Loan Fund	213,318	-	Monthly	1 year
Multi-Employer Property Trust	4,329,679	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	22,554,514	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	8,108,249	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	14,287,563	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I	4,683,202	2,225,000	*	*
Accolade Partners Growth Fund II	568,619	4,375,000	*	*
Blue Wolf Capital Fund II	37,301	609,234	*	*
Dune Real Estate Fund IV LP	1,960,699	3,133,262	*	*
Hamilton Lane Cap Opportunities Fund	418,889	691,318	*	*
Hamilton Lane Co Inv Feeder Fund III	3,441,606	1,172,475	*	*
Hamilton Lane Co Inv Feeder Fund IV	6,746,738	1,048,181	*	*
KPS MidCap Special Situations Fund	1,211,537	1,533,713	*	*
KPS Special Situations Fund III	19,329	2,323,672	*	*
KPS Special Situations Fund IV	3,634,283	808,229	*	*
KPS Special Situations Fund V	5,017,780	6,406,964	*	*
KPS Special Situations Fund XV	2,053,018	1,028,758	*	*
LongView Private Equity Fund of Funds	1,886,830	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II	3,074,061	605,000	*	*
Yucaipa American Alliance Fund II	4,180,395	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund	793,149	-	v	v
EnTrust Capital Special Opportunities Fund	1,553,031	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II	384,997	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III	3,596,418	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV	9,293,291	-	Quarterly	y-95 Days
Total	$ 139,508,845	$ 27,512,617		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	$ 15,992,303	$ -	Daily	Daily
LongView SmallCap 600 Index	11,745,919	-	Daily	Daily
LongView ULTRA Construction Loan Fund	988,714	-	Monthly	1 year
Multi-Employer Property Trust	3,615,774	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	19,342,225	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	7,953,489	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	11,840,211	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I	1,976,072	3,350,000	*	*
Blue Wolf Capital Fund II	117,451	609,234	*	*
Dune Real Estate Fund IV LP	1,267,668	3,484,132	*	*
Hamilton Lane Cap Opportunities Fund	1,232,467	691,318	*	*
Hamilton Lane Co Inv Feeder Fund III	4,742,096	1,180,809	*	*
Hamilton Lane Co Inv Feeder Fund IV	4,753,010	1,232,905	*	*
KPS MidCap Special Situations Fund	471,273	2,040,004	*	*
KPS Special Situations Fund III	16,872	2,323,672	*	*
KPS Special Situations Fund IV	4,781,305	559,345	*	*
KPS Special Situations Fund V	1,857,977	8,111,395	*	*
Landmark Equity Partners XV	2,596,842	1,230,437	*	*
LongView Private Equity Fund of Funds	1,446,797	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II	3,142,673	605,000	*	*
Yucaipa American Alliance Fund II	3,988,198	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund	802,838	-	v	v
EnTrust Capital Special Opportunities Fund	1,845,958	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II	722,346	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III	4,037,010	-	Quarterly	y-95 Days
EnTrustPermal Special Opportunities Fund IV	8,227,881	-	Quarterly	y-95 Days
Total	$ 119,505,369	$ 26,970,062		

^ - The MEPT may honor redemption requests as of the end of a quarter following receipt of notice of withdrawal. The Trust Agreement does not require the Trustee to liquidate assets or defer investments to fund or satisfy redemption requests within one year. The MEPT is subject to regulations promulgated by the Comptroller of the Currency which require in most circumstances that redemptions be completed by the expiration of the MEPT's one-year notice period.

@ - The Hardman Johnston International Equity Group Trust was established to permit qualified retirement plans and certain governmental plans to comingle their assets for investment purposes. The investments are primarily in publicly traded foreign securities. Withdrawals may.be recognized on either tie of receipt of the notice or on the last day of the fiscal period, depending on the nature of the request. Withdrawals are permitted with written notice of ten business days before the valuation date.

x -The Lazard Global Listed Infrastructure Trust may, with the consent of the Trustees, permit redemptions on any other business day and may waive the notice period.

* - Each limited partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

* - The objectives of the Accolade Partners Growth I, LP and the Accolade Partners Growth II, LP are to obtain capital appreciation primarily through investments in private investment companies. The partnerships are closed-end private equity fund structures that do not have a redemption prior to the termination of the investments themselves.

* - The objective of the Blue Wolf Partnership is to provide capital principally to companies that have value which is obscured by complexities such as government regulation, labor unions, bankruptcy or financial distress. The Blue Wolf Partnership which includes the BW HVAC, LP, will terminate upon the tenth anniversary of the final closing date, which is November 21, 2019. The term of the Blue Wolf Partnership may be extended for up to three additional one-year periods by the general partner in its sole discretion. During 2019 and 2020, the General Partner has exercised its discretion to extend the term of the Partnership for the two one-year periods so that the term of the Partnership was extended until November 14, 2021. The Partnership is currently in the process of winding-up.

* - The Dune Real Estate Fund IV, LP's objective is to make opportunistic investments in a broad range of real estate related assets including portfolios, joint ventures and debt securities and loans. The partnership will continue until March 25, 2027 and may be extended for up to two successive one year terms following the expiration of the initial term with the consent of the Advisory Committee.

* - All of the investments of the Hamilton Lane Capital Opportunities Fund, LP are in other private, collective investment funds that make private equity and equity-related investments. These investment funds have varying investment strategies and geographical focuses. Through the multi-faceted industry and geographical focuses of these underlying fund investments, this fund-of-funds strategy allows the partnership to pursue broad diversifications within the private equity investment market. During the year ended December 31, 2020, the Partnership entered into a Purchase and Sale Agreement to sell substantially all of its remaining partnership investments. The Partnership sold all of its remaining fund investments and received all of the associated sales proceeds during the year ended December 31, 2021. The General Partner anticipates a final liquidating distribution to the partners during the year ended December 31, 2022, following the payment of all remaining liabilities. Thereafter, the Partnership will officially be dissolved.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - The Feeder Partnership was formed to invest directly or indirectly as a limited partner in the Hamilton Lane Co - Investment Fund III, LP (CI Fund III) All of the Feeder Partnership's investments are generally considered to be illiquid investments. The partnership will achieve liquidity only as and when the funds sell their portfolio investments and distribute the proceeds received from the disposition of those investments. These funds are expected to have a life of eight to twelve years. It is also possible for the Feeder Partnership to dispose of their interest in the fund investments in the secondary market. The Feeder Partnership will terminate on the same day CI Fund III dissolves which is expected to terminate on June 20, 2025, unless extended at the discretion of the General Partner with the consent of the advisory committee.

* - The objective of the Hamilton Lane Co Investment Feeder Fund IV is, primarily through its investment in the Main Partnership, is to achieve substantial capital appreciation through equity and equity-related investments directly in companies alongside leading buyout and growth-capital financial sponsors. The partnership is a closed-end limited partnership which does not offer redemptions. The fund's term is dictated by the limited partnership agreement with the fund's GP issuing distributions to investors throughout the life of the fund as underlying holdings are exited.

* - The objective of the KPS MidCap Partnership, KPS III Partnership, the KPS IV Partnership, and the KPS V Partnership is to invest in financially troubled companies which manufacture goods and provide services and generally have a unionized workforce.

The KPS MidCap Partnership is expected to terminate on or before November 26, 2031 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board.

The KPS III Partnership was expected to terminate on or before November 16, 2017 but with the consent of the advisory board, was extended by the general partner for up to two consecutive one year periods to November 16, 2019, as defined in the KPS III Partnership Agreement. The General Partners have commenced the orderly dissolution of the funds' remaining assets.

The KPS IV Partnership is expected to terminate on or before May 30, 2026 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board, as defined in the Agreements of Limited Partnership, amended as applicable.

The KPS V Partnership is expected to terminate on or before July 20, 2032 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board, as defined in the Agreements of Limited Partnership, amended as applicable.

* - The objective of the Landmark Partnership is to acquire a diverse portfolio of interests in established venture capital funds, buy-out funds, mezzanine funds and other pooled investment vehicles which primarily invest in equity oriented investments and direct private equity and equity related investments, primarily through secondary market purchases, with a maximum amount of 10% of capital commitments allocated to primary transactions. The investee limited partnerships generally have an original term of ten years; however, the timing of the liquidation of the underlying investments in the investee limited partnerships is uncertain.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Landmark Equity Partners XV, LP - Disposal of investments in limited partnership interest can occur through a sale of the interest to another party or by termination/liquidation of the investee limited partnership. These investments provide for no liquidity or redemption, are not readily marketable and generally require consent of the related general partner to complete a transfer of interest. The Partnership will continue until the tenth anniversary of the date of the termination of the investment period unless its extended by the General Partner, at its sole discretion, for up to two consecutive one-year periods or by the General Partner, with the consent of the Limited Partners for consecutive one-year periods or until partnership sooner dissolved pursuant to the limited partnership agreement. The investment period terminated on April 30, 2018. The investee limited partnerships generally have an original term of ten years; however, the timing of the liquidation of the underlying investments in the investee limited partnerships is uncertain.

* - The objective of the LongView Private Equity Fund of Funds, LP is to achieve long-term returns through a portfolio of private equity investments in limited partnerships. The partnership shall continue until May 13, 2022, unless it is sooner dissolved and terminated in accordance with the partnership agreement, provided that the term may be extended for three consecutive one-year extension periods by the general partner, after consultation with Amalgamated Bank. The term of the partnership has been extended for an additional year and will now continue until May 13, 2023.

* - The objective of the Siguler Guff Distressed Real Estate Opp Fund II Limited Partnership is to invest in pooled investment vehicles (the "Portfolio Funds") managed by investment managers ("Portfolio Managers") and Direct Investments (together with Portfolio Funds, "Portfolio Investments"). Portfolio Investments typically involve direct or indirect equity interests in commercial properties and may also include interests in commercial mortgages and commercial mortgage-backed securities, as well as debt and equity securities of real estate operating companies and real estate investment trusts. The commitment period for investments in Portfolio Funds ended on August 29, 2017 and the Direct Investment commitment period ended on August 29, 2019. Up to forty percent of the Partnership's commitments may be allocated to Direct Investments. The term of the Partnership will continue until August 30, 2025 unless the Partnership is dissolved earlier in accordance with Article 9 of the Partnership Agreement. The term may be extended for up to three additional years with the consent of the Advisory Board.

* - The objective of the Yucaipa Partnership is to invest primarily in private equity investments, equity-related investments and debt investments in organizations, businesses and concepts that are worker friendly. The original term of the Partnership ended on March 14, 2019. Pursuant to the terms of the partnership agreements, the limited partners approved an extension of the terms of the Partnership until March 11, 2023.

v - The EnTrust Capital Diversified Fund represents the Plan's investment in a portfolio of defaulted bonds issued by the Republic of Peru. The investment is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment's settlement with the Peruvian government. The hedge fund of funds' objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the advisor (EnTrust Global Partners Offshore LP).

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The EnTrust Capital Special Opportunities Fund is an exempted company incorporated in the Cayman Islands. This Fund invested in a variety of distressed and other special situation funds incorporated in the Cayman Islands that are generally expected to be illiquid.

The EnTrust Capital Special Opportunities Fund II is an exempted company incorporated in the Cayman Islands. This Fund's net assets are fully invested in the EnTrust Special Opportunities Fund II (Cayman) LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. As of December 31, 2021 and 2020, the Fund held a 95.48% and 98.01% interest in the Master Fund, respectively.

The EnTrust Special Opportunities Fund III is an exempted company incorporated in the Cayman Islands. The Fund invests all of its net assets in the EnTrust Special Opportunities Master Fund III LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. As of December 31, 2021 and 2020, the Fund held a 99.74% and 99.64% interest in the Master Fund, respectively.

The EnTrustPermal Special Opportunities Fund IV is an exempt company incorporated in the Cayman Islands. The Fund invests all of its net assets in the EnTrustPermal Special Opportunities Master Fund IV LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts. As of December 31, 2021 and 2020, the Fund had a 97.98% and 99.85% interest in the Master Fund, respectively.

y - Shareholders have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms relating to the Fund's investments in underlying investment vehicles. The Fund will not invest in any fund or investment vehicle that has a lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board. In order to effect a redemption, a shareholder shall be required to provide not less than 95 days' prior written notice of any such redemption request. Given the highly illiquid nature of the Fund's investments, there can be no assurances that the Fund will be able to obtain the proceeds necessary to fund a redemption on any applicable Redemption Date, particularly in the early years of the Fund. There may be instances when the Fund cannot effect a complete redemption from an underlying vehicle, in which case shareholders would receive a pro rata portion of a redemption request.

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United (Health Fund)
- Laundry and Dry Cleaning Workers, Education and Legal Assistance Fund, Workers United (Education and Legal Fund)
- Laundry, Distribution and Food Service Joint Board, Workers United (Joint Board)
- Amalgamated Employee Benefits Administrators, Inc. (AEBA)
- Amalgamated Bank

These entities share common Trustees or officers with this Plan.

The Plan maintains a banking and custodial relationship and invests in various products sponsored by the Amalgamated Bank (the Bank). Certain plan investments are shares of a short-term investment and common collective trust funds managed by Amalgamated Bank, the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Schedule of Reportable Transactions.

The related Laundry Funds share administrative services. The cost of these services is allocated on a basis approved by the Plan's Trustees. The Plan reimbursed the Health Fund for its share of common expenses in the amount of $17,384 and $11,169 for the years ended December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, the Plan owed $17,384 and $11,169, respectively, for shared expenses. Subsequent to year end, these amounts were reimbursed by the Plan.

As of December 31, 2021 and 2020, the Plan was owed $80,966 and $57,565 for undistributed contributions from the Health Fund.

At December 31, 2021 and 2020, the Plan owed the Education and Legal Fund $13,537 and $7,821, respectively, for undistributed contributions.

The Plan pays a service charge to Amalgamated Employee Benefits Administrators (AEBA) for the administration of retirement benefits. Charges incurred amounted to $374,055 and $369,325 for the years ended December 31, 2021 and 2020, respectively.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

Employees of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United and Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United, together referred to as the Benefit Funds, participate in a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its collectively bargained employees. The risks of participating in the multiemployer defined benefit pension plan are different from single-employer plans in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Benefit Funds' participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2021 and 2020 is outlined in the table below. The zone status is based on information that the Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan Employer Identification Number	Pension Plan Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Consolidated Retirement Plan	13-3177000	001	Green as of 01/01/21	No	Green as of 01/01/20	No	*

*****The employees of the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United participate in the Consolidated Retirement Plan through a participation agreement between the Consolidated Retirement Plan and the Benefit Funds. The participation agreement may be terminated upon thirty days written notice by either party.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Contributions paid by the Plan directly to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plan		Number of Employees Covered by Pension Plans for which the Plan contributes directly to Pension Plan	
	12/31/2021	12/31/2020			12/31/2021	12/31/2020	12/31/2021	12/31/2020
Consolidated Retirement Plan	$0	$0	No	No	15.50% of employees' pensionable payroll	15.50% of employees' pensionable payroll	4	4

The Plan reimbursed the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United $184 during the years ended December 31, 2021 and 2020, for the Plan's allocated share of the pension contributions for shared employees participating in the Consolidated Retirement Plan.

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Consolidated Retirement Plan	None	No	No	N/A

NOTE 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of December 31, 2020. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$	65,478,058
Other vested benefits		84,252,635
		149,730,693
Nonvested benefits		3,210,576
Total actuarial present value of accumulated plan benefits	$	152,941,269

NOTE 9. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2020 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$	147,557,845
Increase (decrease) during the year attributable:		
Benefits accumulated, net experience gain or loss, changes in data		1,558,334
Changes to actuarial assumptions		1,803,919
Interest		11,269,999
Benefits paid		(9,248,828)
Net increase		5,383,424
Actuarial present value of accumulated plan benefits at end of year	$	152,941,269

The actuarial cost method used in the valuations is the Projected Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the December 31, 2020 valuations were:

- Mortality rates:

  Sex-distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020 (previously RP- 2000 fully generational mortality table with blue collar adjustment).

- Retirement age assumption

  The Plan was valued assuming active participants will retire according to the following rates:

Age	Probability
62	58.2%
63	34.5%
64	34.4%
65	100.0%

  The preceding rates are approximately equivalent to a retirement of 63.4 years (previously 64.0). Terminated vested employees were assumed to retire at age 65.

- Net investment rate of return - 7.75%.

NOTE 9. ACTUARIAL INFORMATION (continued)

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2021 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2021. The complete financial status is presented as of December 31, 2020.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2021, the actuary reported that the Plan is neither in endangered status nor critical status under the Pension Protection Act of 2006.

NOTE 10. WITHDRAWAL LIABILITY

Contributing employers who elect to withdraw from the Plan are assessed a withdrawal liability that is calculated by the Plan's actuary. As employers settle their withdrawal liability contribution, portions of the original assessment may be written off due to arbitration disputes with the Plan.

The following is a chart showing the withdrawal liability activity:

Year of Assessment	Assessed Amount	Liability Receipts	Liability Written Off	Balance at Year End
2012	$ -	$ 851,107	$ 91,595	$ -
2013	1,520,041	43,909	48,913	1,427,219
2014	151,652	764,198	151,652	663,021
2015	-	223,896	-	439,125
2016	669,321	324,535	393,579	390,332
2017	211,503	295,946	305,889	-
2018	445,379	445,379	-	-
2019	186,733	186,733	-	-
2020	412,771	412,771	-	-
2021	310,165	310,165	-	-

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2022, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Schedules of Administrative Expenses

Years Ended December 31, 2021 and 2020

	2021	2020
Administrative Fees		
Administration fees	$ 374,055	$ 369,325
Shared administrative expenses	14,100	12,300
Professional Services		
Legal	183,585	288,290
Actuary	82,817	116,651
Accounting and auditing	45,543	46,895
Office Expenses		
Printing	22,348	27,396
Office supplies	4,236	5,728
Other		
PBGC premiums	301,134	308,220
Insurance	62,364	59,883
Bank charges	6,995	8,275
Total administrative expenses	$ 1,097,177	$ 1,242,963

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500 Schedule H, Item 4i

EIN 13-5521921
Plan No 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(1)-Short-term investments:						
*	Amalgamated Bank Money Market			Var %	4,633,563	$ 4,633,563	$ 4,633,563
	JPMorgan 100% US Treasury Money Market			Var	146,239	146,239	146,239
						4,779,802	4,779,802
	Item 1c(4)(B)-Common stocks:						
	AbbVie Inc				1,600	97,061	216,640
	Acuity Brands Inc				500	57,846	105,860
	Aflac Inc				3,800	170,976	221,882
	AGCO Corp				2,100	124,013	243,642
	Alliance Data Systems Corp				1,100	92,428	73,227
	Allstate Corp				1,400	63,967	164,710
	Ally Financial Inc				4,000	129,700	190,440
	Amdocs				3,100	185,452	232,004
	American Financial Group Inc				1,200	57,157	164,784
	Ameriprise Financial Inc				1,400	138,381	422,324
	Amgen Inc				1,100	58,555	247,467
	Amkor Technology Inc				6,400	139,091	158,656
	Applied Materials Inc				2,500	144,485	393,400
	Archer Daniels Midland Co				1,700	104,138	114,903
	Arrow Electronics Inc				1,500	123,582	201,405
	AT&T Inc				8,700	237,697	214,020
	Bank of America Corp				3,800	100,835	169,062
	Bank of New York Mellon Corp				4,500	219,717	261,360
	Berry Global Group Inc				1,900	103,233	140,182
	Best Buy Co Inc				1,100	80,163	111,760
	Biogen Inc				200	49,835	47,984
	BorgWarner Inc				2,700	125,309	121,689
	Bristol Myers Squibb Co				5,600	273,310	349,160
	Cardinal Health Inc				800	64,883	41,192
	Cars.com Inc				5,000	59,549	80,450
	Celanese Corp				900	97,411	151,254
	Cisco Systems Inc				4,300	83,831	272,491
	Citigroup Inc				4,400	475,085	265,716
	Citizens Financial Group Inc				3,500	124,897	165,375
	Comcast Corp				3,800	158,733	191,254
	Computer Sciences Corp				4,600	186,604	148,074
	Conagra Brands Inc				4,100	146,275	140,015
	Consensus Cloud Solutions Inc				466	13,742	26,967
	Crown Holdings Inc				800	84,237	88,496
	CSG Systems International Inc				2,000	103,493	115,240
	Cummins Inc				1,100	167,418	239,954

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	CVS Health Corp				3,091	$ 215,650	$ 318,868
	DaVita Inc				900	78,513	102,384
	Dell Technologies Inc				4,540	189,767	255,012
	Delta Air Lines Inc				2,200	109,545	85,976
	Diodes Inc				1,700	146,912	186,677
	Discover Financial Services				1,200	39,529	138,672
	Discovery Inc				3,400	110,842	80,036
	Eastman Chemical Co				1,200	59,337	145,092
	eBay Inc				4,700	173,638	312,550
	Everest Reinsurance Holdings				200	21,198	54,784
	FedEx Corp				600	99,168	155,184
	First Horizon National Corp				7,100	125,597	115,943
	Foot Locker Inc				2,200	86,559	95,986
	Ford Motor Company				13,300	195,599	276,241
	Fox Corp				5,400	166,740	199,260
	General Mills Inc				1,100	63,810	74,118
	General Motors Co				5,500	190,317	322,465
	Gilead Sciences Inc				1,900	178,632	137,959
	Goldman Sachs Group Inc				500	67,896	191,275
	Goodyear Tire & Rubber Co				3,500	104,806	74,620
	Greif Inc				2,400	76,101	144,888
	Hanesbrands Inc				7,000	100,476	117,040
	Hartford Financial Services				2,000	68,091	138,080
	HCA Healthcare Inc				700	48,167	179,844
	Hewlett Packard Enterprise				14,400	188,873	227,088
	Hillenbrand Inc				2,500	102,122	129,975
	HP Inc				7,400	114,282	278,758
	Huntington Ingalls Industries				600	124,732	112,044
	Huntsman Corp				4,100	62,710	143,008
	Ingles Markets Inc				2,400	85,931	207,216
	Ingredion Inc				500	33,613	48,320
	Intel Corp				8,100	194,362	417,150
	International Business Machines Corp				2,000	290,516	267,320
	International Paper Co				1,400	67,433	65,772
	J2 Global Inc				1,020	62,971	113,077
	Jazz Pharmaceuticals				1,000	132,112	127,400
	Juniper Networks Inc				4,100	98,989	146,411
	KeyCorp				3,500	117,511	80,955
	Kohl's Corp				1,100	55,122	54,329
	Kraft Heinz Co				3,800	130,120	136,420
	Kulicke & Soffa Industries Inc				2,500	143,295	151,350
	Kyndryl Holdings Inc				400	14,470	7,240
	L3Harris Technologies				600	125,271	127,944
	Lam Research Corp				200	20,748	143,830
	Lear Corp				900	103,533	164,655
	Lincoln National Corp				1,300	67,003	88,738
	Loyalty Ventures Inc				440	26,622	13,231
	Lumen Technologies				9,400	98,250	117,970
	LyondellBasell Industries				1,000	83,204	92,230
	Merck & Co Inc				6,800	421,665	521,152
	MetLife Inc				1,700	87,381	106,233
	Molson Coors Beverage Co				4,200	233,563	194,670

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	NCR Corp				2,900	$ 82,067	$ 116,580
	NetApp Inc				1,100	43,832	101,189
	Nexstar Media Group Inc				893	134,064	134,825
	Northrop Grumman Corp				400	119,782	154,828
	NRG Energy Inc				3,300	100,817	142,164
	Omega Healthcare Investors Inc				3,100	89,909	91,729
	Oracle Corp				5,400	268,308	470,934
	Organon & Co				450	12,108	13,702
	Penske Auto Group				1,800	84,262	192,996
	Pfizer Inc				8,500	255,049	501,925
	Phillips 66				700	71,396	50,722
	Prudential Financial Inc				800	34,817	86,592
	PulteGroup Inc				4,400	124,260	251,504
	Qorvo Inc				900	157,906	140,751
	Quest Diagnostics Inc				700	65,856	121,107
	Qurate Retail Group				10,100	120,237	76,760
	Radian Group Inc				2,400	29,125	50,712
	Regions Financial Corp				8,900	123,621	194,020
	Ryder System Inc				1,300	107,466	107,159
	Science Applications International Corp				900	72,514	75,231
	Seagate Technology Holdings				2,400	36,438	271,152
	Sylvamo Corp				127	3,891	3,542
	SYNNEX Corp				631	7,194	72,161
	Target Corp				1,200	74,722	277,728
	Tegna Inc				4,300	94,591	79,808
	Textron Inc				1,500	76,312	115,800
	The JM Smucker Company				1,400	151,562	190,148
	The Kroger Co				6,200	141,513	280,612
	Timken Co				1,900	103,255	131,651
	Toll Brothers Inc				2,100	76,681	152,019
	Tyson Foods Inc				1,700	136,671	148,172
	United Continental Holdings				1,400	122,015	61,292
	Universal Health Services Inc				600	80,988	77,796
	Valero Energy Corp				900	41,204	67,599
	Valvoline Inc				2,600	60,704	96,954
	Verizon Communications Inc				7,400	391,178	384,504
	ViacomCBS Inc				4,100	248,967	123,738
	Viatris Inc				1,054	13,991	14,261
	Vishay Intertechnology Inc				5,500	80,547	120,285
	Vistra Corp				6,100	97,485	138,897
	VMware Inc				1,145	124,262	132,683
	Voya Financial Inc				2,400	101,125	159,144
	Walgreens Boots Alliance Inc				2,400	155,668	125,184
	Wells Fargo & Co				1,300	27,122	62,374
	Western Union Co				5,100	104,627	90,984
	WestRock Co				1,700	70,355	75,412
	Whirlpool Corp				800	66,141	187,728
	World Fuel Services Corp				2,500	95,588	66,175
	Xerox Holdings Corp				2,600	97,954	58,864
	Total common stocks					15,626,530	21,522,576

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(5)-Limited partnerships:						
	Accolade Partners Growth I					$ 3,102,765	$ 4,683,202
	Accolade Partners Growth II					300,000	568,619
	Blue Wolf Capital Fund II					-	37,301
	Dune Real Estate Fund IV LP					1,865,955	1,960,699
	Hamilton Lane Cap Opportunities Fund					-	418,889
	Hamilton Lane Co Inv Feeder Fund III					-	3,441,606
	Hamilton Lane Co Inv Feeder Fund IV					2,760,311	6,746,738
	KPS MidCap Special Situations Fund					861,041	1,211,537
	KPS Special Situations Fund III					-	19,329
	KPS Special Situations Fund IV					-	3,634,283
	KPS Special Situations Fund V					3,373,542	5,017,780
	Landmark Equity Partners XV LP					218,785	2,053,018
*	LongView Private Equity Fund of Funds					-	1,886,830
	Siguler Guff Distressed Real Estate Opp Fund II					1,108,507	3,074,061
	Yucaipa American Alliance Fund II					-	4,180,395
	Total limited partnerships					13,590,906	38,934,287
	Item 1c(9)-Common collective trusts:						
*	LongView LargeCap 500 Index Fund				11,955	10,123,560	20,574,477
*	LongView SmallCap 600 Index				7,526	1,890,824	14,885,872
*	LongView ULTRA Construction Loan Fund				294	603,594	213,318
	Multi Employer Property Trust				302	1,213,721	4,329,679
	Polen Focus Growth Collective Investment Trust				713,976	10,305,242	22,554,514
	Total common collective trusts					24,136,941	62,557,860
	Item 1c(12)-103-12 investment entities:						
	Hardman Johnston International Equity Group Trust				178,077	5,081,085	8,108,249
	Lazard Global Listed Infrastructure Trust				407,927	3,954,044	14,287,563
	Total 103-12 investment entities					9,035,129	22,395,812
	Item 1c(13)-Mutual funds:						
	American Funds EuroPacific Growth Fund				111,380	6,376,603	7,209,626
	BlackRock Global Allocation Fund				516,492	11,505,773	10,830,839
	BlackRock Multi-Asset Income Fund				778,893	8,606,059	8,840,434
	MetWest Total Return Bond Fund				748,899	8,157,808	8,170,485
	PIMCO All Asset Fund				793,560	9,332,915	10,133,760
	Total mutual funds					43,979,158	45,185,144
	Item 1c(15)-Hedge funds of funds:						
	EnTrust Capital Diversified Fund				9,118	911,786	793,149
	EnTrust Capital Special Opportunities Fund				1,664	114,200	1,553,031
	EnTrust Capital Special Opportunities Fund II				240	-	384,997
	EnTrust Capital Special Opportunities Fund III				3,064	3,366,121	3,596,418
	EnTrustPermal Special Opportunities Fund IV				7,207	7,500,000	9,293,291
	Total hedge funds of funds					11,892,107	15,620,886
	Total investments					$ 123,040,573	$ 210,996,367

* A party-in-interest as defined by ERISA

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500 Schedule H, Item 4j

E.I.N. 13-5521921
Plan No. 001

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Collateral	(i) Net Gain or (Loss)
*	Amalgamated Bank Money Market	$ 17,349,059	N/A	$ 17,349,059	$ 17,349,059	N/A
		N/A	$ 15,850,577	15,850,577	15,850,577	$ -

* A party-in-interest as defined by ERISA.

Plan Name	**Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United**
Plan Sponsor	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN / PN	13-5521921/001
Effective Date and Most Recent Amendment	The original effective date of the Plan is April 1, 1980. The most recent amendment to the Plan is effective November 30, 2017.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Covered Employment	Employment of an employee with Employer who is obligated to contribute to the Fund for retirement purposes.
Eligibility Requirements for Benefits	a) Normal Retirement: The later of age 65 and the 5th anniversary of participation in the Plan (age 62 for Local 69 employees, age 65 for Local 284). b) Early Retirement: Age 62 (age 55 for Local 284, employees, age 57 for Local 69) and 10 years of Covered Employment. c) Disability Retirement: Totally and permanently disabled for at least 18 consecutive weeks and eligible for Social Security disability benefits, provided that the employee has at least 20 years of employment in the industry and at least 10 years of Covered Employment. d) Vesting: Five (5) years of Covered Employment.

Amounts of Pension Benefits

a) Normal Retirement:

- **Basic:** For all retirements after January 1, 1999, the Normal Retirement Pension is $15.00 per month per year of Covered Employment. Effective 1/1/2001 the Normal Retirement Pension is $20 per month per year of Covered Employment. Effective 1/1/2007, the Normal Retirement Pension is $20 per month per year of Covered Employment up to 1/1/2007 and $25 per month per year of Covered Employment thereafter. If an employee has at least 15 years of Covered Employment and 20 years of active employment in the Industry at retirement, in addition to his Covered Employment, credit is also given for at most 5 years of non-covered employment in the Industry. If an employee has been in Covered Employment with an employer for at least the last 2 years and since the date the employer first became obligated to contribute to the Fund, and this obligation started prior to 1/1/1990, and the employee has at least 20 years of active employment in the Industry, then in addition to his Covered Employment, credit is also given for at most 18 years of non-covered employment in the Industry.

- **Drivers:** For all retirements after January 1, 1999, the Normal Retirement pension is $25.50 per month for each year of Covered Employment prior to January 1, 1998 and 30.00 per month for each year after January 1, 1998. Effective 1/1/2001, the Normal Retirement Pension is $35.00 per month per year of Covered Employment. Effective 1/1/2007, the Normal Retirement Pension is $35 per month per year of Covered Employment up to 1/1/2007 and $40 per month per year of Covered Employment thereafter.

- **Local 284:** $7.00 times years of service up to 25 years through 1/1/2006 and $9.00 times years of service after 1/1/2006 through 2007 and $18.00 times years of service after 1/1/2008.

- **Local 69:** Class A employees: $32.25 times years of service (max 40 years). Class B employees: $24.25 times years of service (max 40 years).

- An employee retiring after his normal retirement date shall receive the greater of his accrued benefit to date or his accrued benefit at normal retirement date with an actuarial increase to the actual date of retirement.

Amounts of Pension Benefits - Continued	Early Retirement: Calculated the same as for normal retirement; reduced at the rate of 0.5% for each month that the pension commencement date precedes Normal Retirement Date. Disability Retirement: Calculated the same as for normal retirement. Pension is payable as of the Disability Retirement Date (not applicable for Locals 284 and 69). Deferred Retirement: Employees who retire after their Normal Retirement Date (NRD) receive the greater of their accrued benefit at their NRD actuarially increased to their actual date of retirement or their accrued benefit at their NRD with regular accruals for the period of work after their NRD. Vesting: The monthly benefit commencing at Normal Retirement Date is calculated the same as for normal retirement. The benefit is payable at age 65, however, it may be paid as early as age 62 (age 55 for Local 284, age 57 for Local 69 employees) in which case the benefit is reduced at the rate of 0.5% for each month that the pension commencement date precedes Normal Retirement Date.
Post-Retirement Death Benefit	Unless otherwise elected in writing, an employee who has been married for at least 1 year prior to the date a pension under the Plan is scheduled to begin shall automatically receive an adjusted pension equal to the Actuarial Equivalent of the amount which would otherwise be payable. Such adjusted pension is payable for life and, upon the death of the employee, 50% of such adjusted pension will continue to his surviving spouse for life. In the case of a Participant who dies after six months after retiring, in addition to any other benefits that may be payable under the plan, a lump sum shall be paid to the designated beneficiary of $1,000 (not applicable for Local 284 and Local 69). The beneficiary is the person or persons chosen by the Participant to receive the life insurance benefit.
Pre-Retirement Death Benefit	A vested employee automatically receives the Retirement Equity Act pre-retirement surviving spouse coverage which grants his spouse a pension if the employee dies after the date upon which he becomes vested and he is survived by a spouse to whom he has been married for at least one year. The amount of pension payable to the surviving spouse equals 50% of the pension which would have been payable to the employee if he terminated at the date of his death, survived to his earliest pension commencement date and elected the post-retirement surviving spouse option. Such pension is to commence at the later of the employee's earliest pension commencement date and his date of death.

Life Insurance Benefit	All active (non-retired) participants will receive a life insurance benefit of $30,000 (not applicable for Local 284 and Local 69).
Changes in Plan Provisions	No changes.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Measurement Date: January 1, 2021

Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	54	2	-	-	-	-	-	-	-	56
25 - 29	-	85	28	3	-	-	-	-	-	-	116
30 - 34	-	100	48	30	3	-	-	-	-	-	181
35 - 39	-	105	77	47	17	3	-	-	-	-	249
40 - 44	-	111	91	45	36	23	4	-	-	-	310
45 - 49	-	113	66	48	36	36	8	1	-	-	308
50 - 54	-	76	48	46	36	39	21	6	-	-	272
55 - 59	-	46	47	39	39	34	18	13	4	-	240
60 - 64	-	22	32	21	29	30	16	10	2	1	163
65 - 69	-	9	9	8	11	4	2	3	-	3	49
70 +	-	1	-	1	1	3	-	1	-	-	7
Total	-	722	448	288	208	172	69	34	6	4	1,951

Schedule MB, Line 3 – Withdrawal Liability Amounts

Withdrawal liability payments represented $310,165 of the $2,156,814 in contributions for the plan year shown on Line 3. Withdrawal liability payments were made throughout the year.

Funding Standard Account Amortization Bases

Charges

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2021* Period	Balance	Annual Payment
ENIL (2008)	1/1/2009	29.00	$ 31,760,899	17.00	$ 25,411,664	$ 2,542,534
Exper Loss	1/1/2010	15.00	3,572,478	4.00	1,340,770	373,601
ENIL (2008)	1/1/2011	27.00	542,038	17.00	444,206	44,444
ENIL (2008)	1/1/2012	26.00	24,140,216	17.00	20,052,465	2,006,326
ENIL (2008)	1/1/2013	25.00	1,572,012	17.00	1,325,114	132,583
Exper Loss	1/1/2014	15.00	6,017	8.00	3,980	636
Exper Loss	1/1/2016	15.00	7,707,670	10.00	5,989,623	819,110
Exper Loss	1/1/2017	15.00	3,442,720	11.00	2,855,641	366,747
Assumption	1/1/2017	15.00	358,093	11.00	297,027	38,147
Exper Loss	1/1/2018	15.00	5,254,093	12.00	4,615,128	561,016
Exper Loss	1/1/2019	15.00	6,825,813	13.00	6,293,299	728,840
Exper Loss	1/1/2020	15.00	1,740,468	14.00	1,675,110	185,842
Assumption	1/1/2021	15.00	1,803,919	15.00	1,803,919	192,617
Total Charges					$ 72,107,946	$ 7,992,443

Credits

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2021* Period	Balance	Annual Payment
Method	1/1/2009	30.00	$ 10,196,612	18.00	$ 8,314,749	$ 809,162
Exper Gain	1/1/2009	15.00	18,503,632	3.00	5,381,713	1,929,348
ENIL (2008)	1/1/2010	28.00	7,113,805	17.00	5,757,619	576,072
Exper Gain	1/1/2011	15.00	1,002,345	5.00	455,262	105,125
Exper Gain	1/1/2012	15.00	13,810,001	6.00	7,289,987	1,452,432
Exper Gain	1/1/2013	15.00	1,156,598	7.00	690,141	121,973
Exper Gain	1/1/2015	15.00	4,104,884	9.00	2,959,715	435,152
Amendment	1/1/2017	15.00	12,637,973	11.00	10,482,851	1,346,301
Assumption	1/1/2018	15.00	12,973,976	12.00	11,396,168	1,385,323
Exper Loss	1/1/2021	15.00	5,873,724	15.00	5,873,724	627,179
Total Credits					$ 58,601,929	$ 8,788,067
Net Total					$ 13,506,017	$ (795,624)

See the comments following this Exhibit.

Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases

The prior table shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method

The "ENIL (2008)" bases are the portions of the eligible net investment losses ("ENIL") for the 2008 Plan Year. These bases are amortized over the period ending December 31, 2037, as permitted under the special amortization rule provided in the Pension Relief Act of 2010.

Schedule MB, Line 11 –
Justification for Change in Actuarial Assumptions

The change in the non-disabled mortality table was made to better reflect anticipated plan experience and is in line with the most recent mortality table provided by the Society of Actuaries.

Automatic approval for the change in the funding method resulting from the change in actuarial software is provided for by IRS Revenue Procedure 2000-40.

The changes in the interest rate and mortality tables used to determine the RPA ’94 current liability were mandated legislative changes.

All other changes were made to better reflect anticipated Plan experience.

Schedule MB, Line 6 –
Statement of Actuarial Assumptions/Methods

Plan Name	**Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United**
Plan Sponsor	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN / PN	13-5521921/001

While it is important that the actuarial assumptions be reasonable in the aggregate, each assumption must also be individually reasonable.

We generally relied on the prior actuary's demographic assumptions for this valuation. It was assumed that the prior actuary's assumptions were determined based on historical and recent demographic data, adjusted to reflect anticipated future experience and professional judgement. We will continue to monitor the actual and expected experience in future years to see if the demographic assumptions need updating.

We have reviewed the prior actuary's demographic assumptions in light of recent and anticipated plan experience and applied professional judgment when setting the assumptions.

Interest Rates

7.75% per annum, compounded annually, net of investment expenses for determining costs and liabilities.

The valuation interest rate, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

Current Liability

The highest rate within the IRS allowable range for determining Current Liability, which is 2.43% per annum as of January 1, 2021.

Retirement Age

Active participants:

Age	Retirement Probabilities
62	58.2%
63	34.5%
64	34.4%
65	100.0%

The probabilities of retirement are the same for females and males.

The weighted average retirement age for active participants is age 63.4. This average is based on the active population in the January 1, 2021 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Inactive vested participants: Age 65 (or when first eligible, if later). Note that inactive vested retirement eligibility is the same as early retirement age.

Operating Expenses

Operating expenses are assumed to be the average actual operating expenses for the prior three years ($1,402,907 as of the beginning of the year, equivalent to $1,457,270 as of middle of year) and are added to the Plan's normal cost.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

Compensation Increases

2.00% compensation increases are assumed for those participants on behalf of whom contributions are made to the Plan based on a percentage of compensation.

Active Participant

For valuation purposes, an active participant is a participant who has worked over 500 hours in the prior plan year and 1,000 hours in any prior year, and has not terminated or retired as of the valuation date.

Non-Disabled Mortality

Sex-distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020.

Disabled Mortality

In accordance with IRS Revenue Ruling 96-7.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability

Based upon insurance company statistics, the following sample rates of disablement were assumed:

Number of Disablements in Year per 1,000

Age	Males	Females
20	0.5	0.7
25	0.5	0.7
30	0.5	0.8
35	0.7	1.0
40	1.1	1.6
45	1.7	2.6
50	3.0	4.5
55	5.6	8.4
60	9.7	14.7

Eligible disabled employees were assumed to retire at their disability retirement date.

Withdrawal

Illustrations of the annual select and ultimate rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

During first 5 years of service		Thereafter	
Years of service	Rate	Age	Rate
0	0.248	20	0.102
1	0.159	30	0.084
2	0.114	4	0.054
3	0.091	45	0.047
4	0.074	50	0.043
		55	0.041

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment	*Non-Married Participants:* Assumed to elect a single life annuity *Married Participants:* Local 69 active participants are assumed to elect a Qualified Joint and 50% Survivor Annuity. All other married participants are assumed to elect a single life annuity.
Marriage	*Local 69 Participants:* 85% of eligible males are assumed to be married and 75% of eligible females are assumed to be married. *Non-Local 69 Participants*: Assumed to be non-married.
Spouse Ages	Male spouses are assumed to be 3 years older than their female counterparts.
Cost Method	The unit credit actuarial cost method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the plan year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the plan year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Pension Relief Act of 2010	The following special rules were elected by the Trustees under the Pension Relief Act of 2010: • Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending December 31, 2008 are amortized in the funding standard account over a period ending December 31, 2037. • Special asset valuation rule: Eligible net investment losses incurred during the plan year ending December 31, 2008 are smoothed in the actuarial value of assets over a period of 10 years. The special rules apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used. As of January 1, 2018, the 2008 net investment loss had been fully recognized in the actuarial value of assets.
Participant Data	Participant census data as of January 1, 2021 was provided by Amalgamated Employee Benefits Administrators.
Financial Information	Financial information was obtained from the December 31, 2020 audited financial statements, as provided by Novak Francella LLC.

Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Changes in Assumptions Changes in assumptions since the prior valuation are as follows:

Funding:

- The Non-Disabled mortality assumption was changed from the sex-distinct RP-2000 Combined Healthy mortality table with blue collar adjustment, reflecting fully generational mortality improvements with Scale AA, to the sex distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, then projected generationally using mortality improvement with Scale MP-2020. This assumption was changed to align with assumptions used for similar populations and to reflect the most recent mortality tables provided by the SOA.
- The valuation software for calculating liabilities was changed.
- The expected operating expense assumption was changed from the actual operating expenses for the prior year to the average operating expenses for the prior three years. This assumption was changed to better reflect anticipated experience.
- The compensation increase assumption was changed from 4.50% to 2.00% for those participants on behalf of whom contributions are made to the Plan based on a percentage of compensation. This assumption was changed to better reflect expected future compensation increases.

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA ’94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Horizon Actuarial Services, LLC
8601 Georgia Ave, Suite 700
Silver Spring, MD 20910
Phone/Fax: 240.247.4600
www.horizonactuarial.com

October 12, 2022

VIA ELECTRONIC MAIL

Board of Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
c/o Cyndi Katsaras, Plan Administrator
333 Westchester Avenue
White Plains, NY 10604-2910

Subject: Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United – 2021 Schedule MB and Other Form 5500 Filing Information

Trustees:

Enclosed is a copy of the 2021 Form 5500 Schedule MB with attachments for the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United (the "Plan") as well as additional information for the Form 5500 filing.

Before submitting the filing, please verify that the employer identification number (EIN), and plan number (PN) agree with the Form 5500 and related schedules.

The Schedule MB and attachments should be attached to the rest of the Form 5500 filing. The Form 5500 must be filed electronically under the computerized ERISA Filing Acceptance System (EFAST2) no later than October 17, 2022 (if the extended filing due date of October 15th falls on a Saturday, Sunday, or federal holiday, it may be filed on the next business day).

Schedule R to Form 5500

The following information should be used to complete lines 4, 8, and 9 on the Form 5500 Schedule R attachment before submitting the package to the IRS:

- Line 4 regarding the election under section 412(d)(2) for an amendment adopted after the end of the plan year should be answered "No".
- Line 8 regarding a change in funding method should be "N/A".
- Line 9 regarding an increase or decrease in the value of benefits due to a plan amendment should be checked "No".

Please send one copy of the entire Form 5500 filing package to us for our files.

If you have any questions concerning the above, please do not hesitate to let us know.

Sincerely,

Ron J. Stonehill, ASA, EA
Consulting Actuary

Enclosures

cc: Mark Brossman, w/encl. – via email
Susan Bernstein, w/encl. – via email
Robert Poon, w/encl. – via email
Tim Clark, w/encl. – via email
Marvin Guitaud, w/encl. – via email
Jennifer Flood, w/encl. – via email

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LAUNDRY, DRY CLEAINING WORKERS AND ALLIED INDUSTRIES RETIREMENT PLAN FUND, WORKERS UNITED

EIN: 13-5521921, PLAN NO. 001
FORM 5500, SHEDULE R ATTACHMENT FOR MULTEMPLOYER
SHEDULE R , LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2021

Name	Class	Contribution Rate	
Aramark Inc - #2028732 & #2028721	Regular	$122	Monthly
	Mech/Driver	$141	Monthly
Aramark Inc - #2004267	Regular	1.85%	Payroll wages
	Drivers	1.85%	Payroll wages
	Drivers	$1.60	Per day
Aramark Inc - #2007496	Regular	2.64%	Payroll wages
	Drivers	2.64%	Payroll wages
	Drivers	$1.60	Per day

Schedule MB – Statement by Enrolled Actuary

Plan Sponsor:	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN:	13-5521921
Plan Number:	001
Plan Name:	Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
Valuation Date:	January 1, 2021
Enrolled Actuary:	Ron J. Stonehill
Enrollment Number:	20-08567

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor, which reflects employer contributions of $1,846,649 and withdrawal liability payments received of $310,165.

Attached as separate exhibits are:

- Line 3 – Withdrawal Liability Amounts
- Line 6 – Statement of Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

Schedule MB, Line 8b(1) –
Schedule of Projection of Expected Benefit Payments

Plan Year Beginning January 1	Expected Annual Benefit Payments
2021	10,876,170
2022	11,139,023
2023	11,298,043
2024	11,595,593
2025	11,739,751
2026	11,970,798
2027	12,158,027
2028	12,333,444
2029	12,472,463
2030	12,624,804

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code)

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established

A Name of plan
Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Reti

D Employer Identification Number (EIN)
13-5521921

E Type of plan (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date Month 1 Day 1 Year 2021

b Assets		
(1) Current value of assets	1b(1)	184,298,665
(2) Actuarial value of assets for funding standard account	1b(2)	173,760,938
c (1) Accrued liability for plan using immediate gain methods	1c(1)	152,941,269
(2) Information for plans using spread gain methods		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	152,941,269
d Information on current liabilities of the plan		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	321,088,782
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,651,003
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	12,428,764
(3) Expected plan disbursements for the plan year	1d(3)	11,890,107

Statement by Enrolled Actuary

To the best of my knowledge the information supplied in this schedule and accompanying schedules, statements and attachments if any is complete and accurate Each prescribed assumption was applied in accordance with applicable law and regulations In my opinion each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in combination offer my best estimate of anticipated experience under the plan

SIGN HERE

Signature of actuary

October 12, 2022
Date

Ron J. Stonehill
Type or print name of actuary

20-08567
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

(240)247-4600
Telephone number (including area code)

8601 Georgia Avenue, Suite 700
Silver Spring MD 20910
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		184,298,665
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2,941	101,864,513
(2) For terminated vested participants		4,822	154,181,534
(3) For active participants:			
(a) Non-vested benefits			4,344,030
(b) Vested benefits			60,698,705
(c) Total active		1,951	65,042,735
(4) Total		9,714	321,088,782
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		57.40 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	2,156,814				
		Totals ► **3(b)**		2,156,814	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	310,165

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	113.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☒ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☒ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

Line 3(a): contributions are made throughout the year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.43 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.75 %		7.75 %	
e Expense loading	**6e**	86.4 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	10.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	11.7 %	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-5,873,724	-627,179
4	1,803,919	192,617

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	3,026,197
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	72,107,946	7,992,443
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	853,945
e Total charges. Add lines 9a through 9d		**9e**	11,872,585

Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	34,325,686
g Employer contributions. Total from column (b) of line 3			**9g**	2,156,814
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	58,601,929		8,788,067
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	3,424,892
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	17,813,461		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	116,531,769		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	48,695,459
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	36,822,874
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	

9 o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	**9o(1)**	0	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0	
(3) Total as of valuation date	**9o(3)**	0	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No