

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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. ▶

D Check box if filing under: 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

<p>1a Name of plan <u>LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>TRUSTEES OF THE LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE FUND</u> <u>C/O ALICARE, INC.</u> <u>333 WESTCHESTER AVENUE</u> <u>WHITE PLAINS, NY 10604-2910</u></p>	<p>1c Effective date of plan <u>04/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>13-5521921</u></p> <p>2c Plan Sponsor's telephone number <u>914-367-5559</u></p> <p>2d Business code (see instructions) <u>812320</u></p>

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.	10/08/2025	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 <input checked="" type="checkbox"/> 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	9398
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2130
	6a(2)	1995
	6b	2540
	6c	4532
	6d	9067
	6e	176
	6f	9243
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	20

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE</p>	<p>D Employer Identification Number (EIN) 13-5521921</p>	

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	3037	01/01/2024	12/31/2024

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 0	(b) Total amount of fees paid 0
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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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	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 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)	178494	
(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)		178494
b Benefit charges (1) Claims paid	9b(1)	23022	
(2) Increase (decrease) in claim reserves	9b(2)	-91654	
(3) Incurred claims (add (1) and (2))	9b(3)		-68632
(4) Claims charged	9b(4)		-68362
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)	143810	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	-34347	
(E) Taxes	9c(1)(E)	10758	
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		120221
(2) Dividends or retroactive rate refunds. (These amounts were <input checked="" type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		126905
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		56374
(3) Other reserves	9d(3)		706368
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

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 No

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF THE LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE</u>	D Employer Identification Number (EIN) <u>13-5521921</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>185747893</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>197008392</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>173660360</u>
(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)	<u>173660360</u>
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)	<u>312413390</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>6257882</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>11469999</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>10906627</u>

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		<u>10/09/2025</u>
	Signature of actuary	Date
	<u>JONATHAN M. FELDMAN</u>	<u>23-06980</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HORIZON ACTUARIAL SERVICES, LLC</u>	<u>240-247-4600</u>
	Firm name	Telephone number (including area code)
	<u>8601 GEORGIA AVENUE, SUITE 700 SILVER SPRING, MD 20910</u>	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	185747893
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2741	93982952
(2) For terminated vested participants	4527	144097938
(3) For active participants:		
(a) Non-vested benefits		3508897
(b) Vested benefits		70823603
(c) Total active	2130	74332500
(4) Total	9398	312413390
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.46 %

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
	2165981				
Totals ▶			3(b)	2165981	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	113.4 %
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1171950
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	108515	11587
4	6336764	676621

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	3107723

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	70187042	8838795
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	925855
9e	12872373

e Total charges. Add lines 9a through 9d.....

Credits to funding standard account:

f Prior year credit balance, if any.....

9f	43347145
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g Employer contributions. Total from column (b) of line 3.....

9g	2165981
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	50187929	7732372

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	4042594
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	37030803	
9j(2)	85392350	
9j(3)		

k (1) Waived funding deficiency

9k(1)	
--------------	--

(2) Other credits

9k(2)	
--------------	--

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	57288092
-----------	----------

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	44415719
-----------	----------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
-----------	--

o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	
--------------	--

(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)	
-----------------	--

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	
-----------------	--

(3) Total as of valuation date.....

9o(3)	
--------------	--

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

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 WORKERS 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)..... 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)

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	606652	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED EMPLOYEE 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	463466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	120964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 68 51	NONE	111512	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	104294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARINER INSTITUTIONAL, 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?
28 51	NONE	63750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	47000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	42215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	33908	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28666	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	22812	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 19 51 52	RELATED PARTY	17639	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11234	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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	6900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
SS&C TECHNOLOGIES	15 72	25501
(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	21573
(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	
(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	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.	
HAMILTON LANE CO-INVST FEED3 35-2485272	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
HAMILTON LANE ADVISORS LLC	28 52	28666

(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

(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	11096

(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

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
NEWTOWER TRUST COMPANY	21 28 52	33908
(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	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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

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(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:	RON J. STONEHILL	b EIN:	26-1370698
c Position:	ENROLLED ACTUARY		
d Address:	8601 GEORGIA AVE, SUITE 905 SILVER SPRING, MD 20910	e Telephone:	240-247-4600

Explanation: HORIZON ACTUARIAL SERVICES, LLC (EIN: 26-1370698) REMAINS THE ACTUARIAL FIRM. JONATHAN M. FELDMAN (ENROLLMENT NUMBER: 23-06980) REPLACES RON J. STONEHILL (ENROLLMENT NUMBER: 23-08567) AS THE ENROLLED ACTUARY DUE TO AN INTERNAL TRANSITION OF RESPONSIB

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE</u>	D Employer Identification Number (EIN) <u>13-5521921</u>	

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: <u>LONGVIEW SMALLCAP 600 INDEX FUND</u>					
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>13-4920330-004</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11735243</u></td> </tr> </table>	c EIN-PN <u>13-4920330-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11735243</u>		
c EIN-PN <u>13-4920330-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11735243</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TST MULTIEMPLOYER PROP TST</u>					
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>52-6218800-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3797133</u></td> </tr> </table>	c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3797133</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3797133</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW ULTRA CONSTRUCTION LOAN FD</u>					
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>20-8434730-006</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21418</u></td> </tr> </table>	c EIN-PN <u>20-8434730-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21418</u>		
c EIN-PN <u>20-8434730-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21418</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD GLOBAL LISTED INFRASTRUCTURE</u>					
b Name of sponsor of entity listed in (a): <u>LAZARD ASSET MANAGEMENT LLC</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>33-6363285-001</u></td> <td style="width:15%;">d Entity code <u>E</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12186792</u></td> </tr> </table>	c EIN-PN <u>33-6363285-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12186792</u>		
c EIN-PN <u>33-6363285-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12186792</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INT'L EQUITY GROUP</u>					
b Name of sponsor of entity listed in (a): <u>JOHNSTON ASSET MANAGEMENT</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>26-6493485-001</u></td> <td style="width:15%;">d Entity code <u>E</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7545559</u></td> </tr> </table>	c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7545559</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7545559</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>POLEN FOCUS GROWTH COLLECTIVE INVES</u>					
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>81-2631618-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15839806</u></td> </tr> </table>	c EIN-PN <u>81-2631618-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15839806</u>		
c EIN-PN <u>81-2631618-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15839806</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>					
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>13-4920330-008</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16152404</u></td> </tr> </table>	c EIN-PN <u>13-4920330-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16152404</u>		
c EIN-PN <u>13-4920330-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16152404</u>			

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)

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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
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 WORKERS AND ALLIED INDUSTRIES RE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN) 13-5521921</td> </tr> </table>	D Employer Identification Number (EIN) 13-5521921	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	396384	432013
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	528669	1127645
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1718832	2087330
(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)	18384061	18165034
(5) Partnership/joint venture interests	1c(5)	50675752	54017444
(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)	45883092	47546004
(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)	19418234	19732351
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38925304	40893581
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10267672	9312757

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	186198000	193314159
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	350665	290164
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	99442	80967
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	450107	371131
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	185747893	192943028

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)	2165981	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2165981
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10317	
(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)	493372	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		503689
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	468152	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2609620	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3077772
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6218100	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4404682	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1813418
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2618036	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7912050
(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)		663910
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-141343
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		18613513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9340684	
(2) To insurance carriers for the provision of benefits	2e(2)	51588	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9392272
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	346466	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	47000	
(5) Investment advisory and investment management fees	2i(5)	434889	
(6) Bank or trust company trustee/custodial fees	2i(6)	10350	
(7) Actuarial fees	2i(7)	120964	
(8) Legal fees	2i(8)	606652	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	459785	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2026106
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11418378

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7195135
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) 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) 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** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?	X		63330201
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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 554505.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE</u>	D Employer Identification Number (EIN) <u>13-5521921</u>	

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 37840
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> 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 627467
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 1.85% OF GROSS WAGES		
a	Name of contributing employer BEST METROPOLITAN		
b	EIN 13-5521921	c	Dollar amount contributed by employer 34031
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 1.85% OF GROSS WAGES		
a	Name of contributing employer MERLIN INDUSTRIES, INC.		
b	EIN 65-0303126	c	Dollar amount contributed by employer 94352
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 2.00% OF GROSS WAGES		
a	Name of contributing employer FDR SERVICES CORP		
b	EIN 20-2651495	c	Dollar amount contributed by employer 235074
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 2.35% OF GROSS WAGES		
a	Name of contributing employer NEW ENGLAND LINEN SUPPLY, INC.		
b	EIN 05-0284920	c	Dollar amount contributed by employer 23983
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 2.00% OF GROSS WAGES		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **MED APPAREL SERVICES LLC**

b EIN **13-5521921**

c Dollar amount contributed by employer **78083**

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 **12** Day **31** Year **2024**

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 **NORTH EAST LINEN SUPPLY CO. INC.**

b EIN **13-5521921**

c Dollar amount contributed by employer **140118**

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 **12** Day **31** Year **2024**

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): **2.00% OF GROSS WAGES**

a Name of contributing employer **W.H. CHRISTIAN & SONS INC.**

b EIN **13-5521921**

c Dollar amount contributed by employer **85598**

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 **12** Day **31** Year **2024**

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) **29.12**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **ELITE AIRLINE LAUNDRY SERVICES**

b EIN **11-2747199**

c Dollar amount contributed by employer **233645**

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 **12** Day **31** Year **2024**

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): **1.60% OF GROSS WAGES**

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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 _____ Day _____ Year _____

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): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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 _____ Day _____ Year _____

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): _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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	
b The corresponding number for the second preceding plan year	15b	

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	
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	

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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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, 2024 and 2023, 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 Plan as of December 31, 2024 and 2023, 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 Plan 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 Plan's 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 Plan'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 Plan'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. The supplemental 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
September 23, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS - at fair value		
Short-term investments	\$ 2,087,330	\$ 1,718,832
Common stock	18,165,034	18,384,061
Limited partnerships	54,017,444	50,675,752
Common collective trusts	47,546,004	45,883,092
103-12 investment entities	19,732,351	19,418,234
Mutual funds	40,893,581	38,925,304
Hedge funds of funds	9,312,757	10,267,672
Total investments	191,754,501	185,272,947
RECEIVABLES		
Employer contributions, net of allowance	432,013	396,384
Accrued interest and dividends	17,029	17,633
Due from related entity - undistributed contributions	635,348	280,147
Securities sold and not settled	324,727	230,716
Due from ALICO	150,368	-
Total receivables	1,559,485	924,880
OTHER ASSETS		
Prepaid expenses	173	173
Total assets	193,314,159	186,198,000
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	275,200	325,388
Cash overdraft	14,964	25,277
Due to related entities	80,967	74,197
Due to ALICO	-	25,245
Total liabilities	371,131	450,107
NET ASSETS AVAILABLE FOR BENEFITS	\$ 192,943,028	\$ 185,747,893

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, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 12,866,071	\$ 18,456,911
Interest and dividends	3,581,461	2,548,823
	16,447,532	21,005,734
Less investment expenses	(445,239)	(436,895)
Net investment income	16,002,293	20,568,839
Employer contributions	2,165,981	1,961,277
Total additions	18,168,274	22,530,116
DEDUCTIONS		
Retirement benefits	9,392,272	9,640,971
Administrative expenses	1,580,867	1,214,637
Total deductions	10,973,139	10,855,608
NET INCREASE	7,195,135	11,674,508
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	185,747,893	174,073,385
End of year	\$ 192,943,028	\$ 185,747,893

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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.

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 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. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024, no allowance for credit losses is recorded. As of December 31, 2023, the allowance for credit losses was \$194,087.

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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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. Contributions are accounted for as exchange transactions. The employer contribution rates are specified in the collective bargaining agreements.

During the years ended December 31, 2024 and 2023, the contribution rates ranged from 1.60% to 2.64% of payroll. The contribution rate during the years ended December 31, 2024 and 2023 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 for each of the years ended December 31, 2024 and 2023 ranged from \$72 to \$146 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 for each of the years ended December 31, 2024 and 2023.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

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, 2024 and 2023, 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, 2024 and 2023:

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 2,087,330	\$ 2,087,330	\$ -	\$ -
Common stock	18,165,034	18,165,034	-	-
Mutual funds	40,893,581	40,893,581	-	-
Total assets in the fair value hierarchy	61,145,945	\$ 61,145,945	\$ -	\$ -
Investments measured at net asset value*	130,608,556			
Total investments at fair value	<u>\$191,754,501</u>			

	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 1,718,832	\$ 1,718,832	\$ -	\$ -
Common stock	18,384,061	18,384,061	-	-
Mutual funds	38,925,304	38,925,304	-	-
Total assets in the fair value hierarchy	59,028,197	\$ 59,028,197	\$ -	\$ -
Investments measured at net asset value*	126,244,750			
Total investments at fair value	<u>\$185,272,947</u>			

*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, 2024 and 2023:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	\$ 16,152,404	\$ -	Daily	Daily
LongView SmallCap 600 Index	11,735,243	-	Daily	Daily
LongView Ultra Construction Loan Fund	21,418	-	Monthly	1 year
Multi-Employer Property Trust	3,797,133	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	15,839,806	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	7,545,559	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	12,186,792	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I LP	7,316,596	1,237,500	*	*
Accolade Partners Growth Fund II LP	3,400,194	1,950,000	*	*
Brookfield Super-Core Infrastructure Partners	12,154,892	-	*	*
Dune Real Estate Fund IV LP	4,317,056	310,614	*	*
Hamilton Lane Co Inv Feeder Fund III LP	1,248,760	950,911	*	*
Hamilton Lane Co Inv Feeder Fund IV LP	5,204,491	1,099,698	*	*
KPS Special Situations MidCap Fund I LP	2,482,817	178,742	*	*
KPS Special Situations Fund IV LP	1,957,979	834,160	*	*
KPS Special Situations Fund V LP	7,553,750	2,385,342	*	*
KPS Special Situations Fund VI LP	595,886	4,389,467	*	*
Landmark Equity Partners XV LP	724,085	986,331	*	*
LongView Private Equity Fund of Funds LP	167,766	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II LP	1,718,021	605,000	*	*
Sterling Consumer Logistic Properties I LP	1,266,655	2,833,100	*	*
Yucaipa American Alliance Fund II LP	3,908,496	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund Ltd	97,414	-	v	v
EnTrust Capital Special Opportunities Fund Ltd	389,868	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II Ltd	-	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III Ltd	2,279,307	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV Ltd	6,546,168	1,023,922	Quarterly	y-95 Days
Total	<u>\$ 130,608,556</u>	<u>\$ 20,336,598</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	\$ 15,439,282	\$ -	Daily	Daily
LongView SmallCap 600 Index	11,720,421	-	Daily	Daily
LongView Ultra Construction Loan Fund	10,990	-	Monthly	1 year
Multi-Employer Property Trust	3,943,959	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	14,768,440	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	6,629,074	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	12,789,160	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I LP	6,192,004	1,387,500	*	*
Accolade Partners Growth Fund II LP	2,570,923	2,350,000	*	*
Blue Wolf Capital Fund II LP	15,338	609,234	*	*
Brookfield Super-Core Infrastructure Partners	11,060,739	-	*	*
Dune Real Estate Fund IV LP	4,495,641	690,506	*	*
Hamilton Lane Co Inv Feeder Fund III LP	1,416,667	953,461	*	*
Hamilton Lane Co Inv Feeder Fund IV LP	5,709,579	1,083,603	*	*
KPS Special Situations MidCap Fund I LP	2,027,705	861,706	*	*
KPS Special Situations Fund IV LP	2,142,911	706,428	*	*
KPS Special Situations Fund V LP	6,942,689	4,903,232	*	*
Landmark Equity Partners XV LP	995,984	986,331	*	*
LongView Private Equity Fund of Funds LP	530,492	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II LP	1,764,461	605,000	*	*
Sterling Consumer Logistic Properties I LP	1,054,020	3,707,139	*	*
Yucaipa American Alliance Fund II LP	3,756,599	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund Ltd	50,856	-	v	v
EnTrust Capital Special Opportunities Fund Ltd	560,497	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II Ltd	63,605	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III Ltd	2,928,748	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV Ltd	6,663,966	779,042	Quarterly	y-95 Days
Total	<u>\$ 126,244,750</u>	<u>\$ 21,174,993</u>		

^ - The Multi-Employer Property Trust (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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

@ - 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 investment in the Blue Wolf Partnership was fully redeemed as of December 31, 2023.

* - The objective of the Brookfield Super-Core Infrastructure Partners LP is to acquire core infrastructure assets, with a focus on North America, Western Europe, and Australia, and to hold, maintain, operate, develop or redevelop and dispose of such infrastructure assets. The partnership shall invest primarily in core infrastructure assets with predominately long-term contracted or regulated revenues. Any limited partner may withdraw or redeem all or any part of its partnership units or reduce or terminate all or a portion of its commitment and available commitment with the prior written approval of the general partner, which approval may be granted or withheld in the discretion of the general partner. Following the expiration of the applicable redemption lockout, a limited partner may request the redemption of some or all units by delivering a written notice and any such requested redemptions shall be effected as of the next date upon which redemptions are effected that is at least 90 calendar days after the date such redemption request was received by the general partner. A limited partner may not redeem any partnership units issued in respect of capital contributions made pursuant to a particular commitment prior to the end of the applicable quarterly period occurring on or after the day immediately preceding the third anniversary of the due date of the first capital contribution in respect of such commitment.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - 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.

* - 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, the KPS IV Partnership, the KPS V Partnership, and the KPS VI 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 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, 2023, 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, 2026.

* - 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 term of the Partnership will continue until August 30, 2025 unless the Partnership is dissolved earlier in accordance with 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 Sterling Consumer Logistic Properties I LP is to provide investor returns primarily through the acquisition, repurposing, and development of vacant free-standing buildings with the intent to lease, manage, and sell. The term of the partnership is twelve years from the initial closing date, provided that the general partner, with the prior consent of advisory committee, may extend the term, in one year increments, for an additional 3 years beyond the twelfth anniversary of the initial closing date.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - 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, 2024. The partnership is currently winding up their operations.

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. On October 30, 2024, the investment manager entered into a settlement agreement with Peru. As per the settlement agreement, Peru made the first payment on November 5, 2024, and the second payment in February 2025. One remaining settlement payment is scheduled to be made on March 31, 2026. 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).

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 investment in the EnTrust Capital Special Opportunities Fund II was fully redeemed as of December 31, 2024 with a remaining unfunded commitment of \$402,460.

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, 2024 and 2023, the Fund held a 99.99% interest in the Master Fund.

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, 2024 and 2023, the Fund had a 99.99% interest in the Master Fund.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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 Industry Fund, Inc. (Defense 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.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

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 \$7,257 and \$9,133 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the Plan owed \$7,257 and \$9,133, respectively, for shared expenses. Subsequent to year end, these amounts were reimbursed by the Plan.

As of December 31, 2024 and 2023, the Plan was owed \$635,348 and \$280,147, respectively, for undistributed contributions from the Health Fund.

At December 31, 2024 and 2023, the Plan owed the Education and Legal Fund \$42,707 and \$37,017, respectively, for undistributed contributions.

At December 31, 2024 and 2023, the Plan owed the Defense Fund \$17,221 and \$14,340, respectively, for undistributed contributions.

The Plan pays a service charge to AEBA for the administration of retirement benefits. Charges incurred amounted to \$346,466 and \$356,841 for the years ended December 31, 2024 and 2023, 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.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

The Benefit Funds’ participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2024 and 2023 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 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 01/01/24	No	Green as of 01/01/23	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.

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	
	12/31/2024	12/31/2023			12/31/2024	12/31/2023	12/31/2024	12/31/2023
Consolidated Retirement Plan	\$0	\$0	No	No	15.50% of employees' pensionable payroll	15.50% of employees' pensionable payroll	1	1

The Plan reimbursed the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United \$811 and \$808 during the years ended December 31, 2024 and 2023, respectively, 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, 2023. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 69,673,308
Other vested benefits	101,131,612
	<u>170,804,920</u>
Nonvested benefits	2,855,440
Total actuarial present value of accumulated plan benefits	<u>\$ 173,660,360</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 162,533,013</u>
Increase (decrease) during the year attributable:	
Benefits accumulated, net experience gain or loss, changes in data	2,051,941
Changes to actuarial assumptions	6,336,764
Interest	12,379,613
Benefits paid	<u>(9,640,971)</u>
Net increase	<u>11,127,347</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 173,660,360</u>

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, 2023 valuations were:

- Mortality rates:

85% of the rates of the sex-distinct PRI-2012 mortality tables with blue collar adjustment, reflecting fully generational mortality improvements with Scale MP-2021. (Previously, Sex-distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020).

NOTE 9. ACTUARIAL INFORMATION (continued)

- Retirement age assumption

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

Age	Active		Inactive Vested	
	Prior Assumption	Updated Assumption	Prior Assumption	Updated Assumption
62	58.2%	30.0%	0.0%	30.0%
63	34.5%	30.0%	0.0%	30.0%
64	34.4%	30.0%	0.0%	30.0%
65	100.0%	40.0%	100.0%	40.0%
66	100.0%	40.0%	100.0%	40.0%
67	100.0%	40.0%	100.0%	40.0%
68	100.0%	40.0%	100.0%	40.0%
69	100.0%	40.0%	100.0%	40.0%
70+	100.0%	100.0%	100.0%	100.0%

The preceding rates are approximately equivalent to a retirement of 64.8 years (previously 63.6).

- Net investment rate of return - 7.75%.

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, 2024 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, 2024 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, 2024. The complete financial status is presented as of December 31, 2023.

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, 2024, the actuary reported that the Plan is neither in endangered status nor critical status under the Pension Protection Act of 2006.

NOTE 10. 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 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2025, 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, 2024 AND 2023

	2024	2023
ADMINISTRATIVE FEES		
Administration fees	\$ 346,466	\$ 356,841
Shared administrative expenses	6,900	9,000
PROFESSIONAL SERVICES		
Legal	606,652	259,250
Actuary	120,964	89,152
Accounting and auditing	47,000	47,000
OFFICE EXPENSES		
Printing	30,873	34,539
Office supplies	189	6,309
OTHER		
PBGC premiums	347,726	337,540
Insurance	66,808	66,808
Bank charges	7,289	8,198
Total administrative expenses	\$ 1,580,867	\$ 1,214,637

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

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4i

EIN 13-5521921
Plan No 001

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party		Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Type						
<u>Item 1c(1)-Short-term investments:</u>						
*	Amalgamated Bank Money Market		Var %	1,945,997	\$ 1,945,997	\$ 1,945,997
	JPMorgan 100% US Treasury Money Market		Var	141,333	141,333	141,333
					2,087,330	2,087,330
<u>Item 1c(4)(B)-Common stocks:</u>						
	Academy Sports & Outdoors			1,700	74,899	97,801
	Acuity Brands Inc			400	46,277	116,852
	Adeia Inc			6,100	73,088	85,278
	Aflac Inc			1,000	44,994	103,440
	AGCO Corp			1,295	95,909	121,057
	Alliance Data Systems Corp			1,100	92,428	67,166
	Ally Financial Inc			4,000	129,700	144,040
	Altria Group			4,000	177,028	209,160
	Amdocs			1,900	129,383	161,766
	American Financial Group Inc			500	23,815	68,465
	American International Group Inc			1,600	95,127	116,480
	Ameriprise Financial Inc			300	29,653	159,729
	Amkor Technology Inc			3,600	78,238	92,484
	APA Corp			1,890	84,311	43,640
	Applied Materials Inc			1,600	163,176	260,208
	Archer Daniels Midland Co			1,200	73,509	60,624
	Arrow Electronics Inc			900	74,149	101,808
	Associated Banc Corp			4,600	96,645	109,940
	AT&T Inc			11,500	235,244	261,855
	Avnet Inc			2,100	88,639	109,872
	Bank of America Corp			1,400	37,150	61,530
	Bank of New York Mellon Corp			3,500	170,891	268,905
	Baxter International Inc			2,200	74,285	64,152
	Berry Global Group Inc			1,500	74,723	97,005
	Best Buy Co Inc			700	49,307	60,060
	Bloomin' Brands Inc			4,000	88,255	48,840
	BorgWarner Inc			2,700	108,951	85,833
	Bristol Myers Squibb Co			3,600	175,699	203,616
	Bunge Global			800	80,044	62,208
	Capri Holdings			800	34,115	16,848
	Cardinal Health Inc			800	64,883	94,616
	Centene Corp			1,400	95,119	84,812
	Cirrus Logic Inc			1,300	123,662	129,454
	Cisco Systems Inc			4,300	83,831	254,560
	Citigroup Inc			4,400	475,085	309,716

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)(B)-Common stocks (continued):</u>							
					1,300	\$ 46,390	\$ 56,888
	Citizens Financial Group Inc				3,000	202,745	230,700
	Cognizant				7,000	258,809	262,710
	Comcast Cable				3,100	125,755	61,938
	Computer Sciences Corp				2,200	79,951	61,050
	Conagra Brands Inc				1,100	56,921	56,221
	CSG Systems International Inc				600	91,319	209,160
	Cummins Inc				3,200	225,204	143,648
	CVS Health Corp				500	43,618	74,775
	DaVita Inc				1,900	81,047	218,956
	Dell Technologies Inc				2,200	109,545	133,100
	Delta Air Lines Inc				800	26,353	138,584
	Discover Financial Services				5,300	142,101	159,212
	Dropbox Inc				1,200	59,337	109,584
	Eastman Chemical Co				3,500	129,305	216,825
	eBay Inc				200	21,198	72,492
	Everest Reinsurance Holdings				4,200	98,421	139,860
	Exelixis Inc				1,300	117,684	139,841
	Exxon Mobil Corporation				700	129,576	196,931
	FedEx Corp				4,100	32,466	157,399
	Flextronics International				4,100	32,466	157,399
	Ford Motor Company				13,300	195,599	131,670
	Fox Corp				4,000	123,511	194,320
	Gen Digital Inc				6,300	120,626	172,494
	General Mills Inc				1,950	128,189	124,351
	General Motors Co				5,000	173,015	266,350
	Gilead Sciences Inc				2,800	224,032	258,636
	Global Payments Inc				600	64,948	67,236
	Goldman Sachs Group Inc				300	40,737	171,786
	Goodyear Tire & Rubber Co				3,500	104,806	31,500
	Graphic Packaging Holding Co				2,100	52,068	57,036
	Greif Inc				900	28,538	55,008
	Harley Davidson Inc				2,553	86,040	76,922
	Hartford Financial Services				2,000	76,427	218,800
	HCA Healthcare Inc				300	20,643	90,045
	Hewlett Packard Enterprise				11,400	149,525	243,390
	HF Sinclair Corp				1,800	62,881	63,090
	HP Inc				6,200	95,749	202,306
	Huntington Ingalls Industries				200	41,577	37,794
	Incyte Corp				1,400	78,695	96,698
	Ingevity Corp				1,281	86,498	52,201
	Ingredion Inc				500	33,613	68,780
	InMode				2,400	92,631	40,080
	Intel Corp				1,900	45,591	38,095
	International Business Machines Corp				1,400	212,040	307,762
	Jabil Circuit Inc				1,300	80,167	187,070
	Jack In The Box Inc				980	93,980	40,807
	Jazz Pharmaceuticals				1,000	132,112	123,150
	JM Smucker Co				1,040	119,855	114,525
	Johnson & Johnson				2,000	309,127	289,240
	Kohl's Corp				1,600	84,378	22,464
	Kraft Heinz Co				2,900	99,302	89,059

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party		Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)(B)-Common stocks (continued):</u>						
				1,300	\$ 67,003	\$ 41,223
				300	138,058	145,782
				600	49,923	44,562
				414	6,769	7,522
				5,400	92,343	95,742
				2,800	173,627	278,544
				800	146,862	468,408
				800	41,121	65,504
				2,700	97,902	93,555
				2,700	150,148	154,764
				1,700	95,413	103,156
				1,450	32,209	49,184
				600	10,316	8,304
				1,100	43,832	127,688
				600	90,077	94,782
				2,100	64,156	189,462
				1,300	37,704	49,205
				1,000	49,687	166,640
				450	12,108	6,714
				2,100	151,112	179,235
				1,000	46,812	152,440
				8,200	239,474	217,546
				400	44,918	45,572
				540	16,358	26,012
				2,000	137,586	130,300
				1,600	45,185	174,240
				2,000	279,937	307,240
				3,100	46,977	98,332
				3,100	43,059	72,912
				800	66,133	125,488
				1,600	95,048	121,072
				500	40,286	55,890
				1,500	124,834	133,020
				200	48,638	67,896
				1,200	95,067	101,388
				2,700	211,715	265,005
				600	35,473	63,648
				127	3,891	10,035
				800	36,249	93,824
				3,500	97,676	109,025
				1,900	108,259	145,331
				4,500	102,711	275,175
				700	38,041	49,959
				1,100	40,167	138,545
				1,700	101,735	183,736
				1,000	72,127	97,100
				600	80,988	107,652
				900	41,204	110,331
				5,700	301,313	227,943
				3,500	42,625	43,575
				400	6,392	55,148

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)(B)-Common stocks (continued):</u>							
	Vontier Corp				2,600	\$ 90,153	\$ 94,822
	Voya Financial Inc				800	33,708	55,064
	Walgreens Boots Alliance Inc				2,400	155,668	22,392
	Wells Fargo & Co				5,400	195,902	379,296
	Western Digital				1,600	101,555	95,408
	Western Union Co				5,100	104,627	54,060
	Whirlpool Corp				800	66,141	91,584
	World Fuel Services Corp				2,500	95,587	68,775
	Xerox Holdings Corp				2,600	97,954	21,918
	Total common stocks					<u>14,159,400</u>	<u>18,165,034</u>
<u>Item 1c(5)-Limited partnerships:</u>							
	Accolade Partners Growth I LP					3,765,579	7,316,596
	Accolade Partners Growth II LP					3,049,686	3,400,194
	Brookfield Super-Core Infrastructure Partners					10,886,712	12,154,892
	Dune Real Estate Fund IV LP					4,507,733	4,317,056
	Hamilton Lane Co Inv Feeder Fund III LP					-	1,248,760
	Hamilton Lane Co Inv Feeder Fund IV LP					-	5,204,491
	KPS Special Situations MidCap Fund I LP					1,496,909	2,482,817
	KPS Special Situations Fund IV LP					-	1,957,979
	KPS Special Situations Fund V LP					4,135,421	7,553,750
	KPS Special Situations Fund VI LP					609,997	595,886
	Landmark Equity Partners XV LP					-	724,085
*	LongView Private Equity Fund of Funds LP					-	167,766
	Siguler Guff Distressed Real Estate Opp Fund II LP					184,709	1,718,021
	Sterling Consumer Logistic Properties I LP					1,734,763	1,266,655
	Yucaipa American Alliance Fund II LP					-	3,908,496
	Total limited partnerships					<u>30,371,509</u>	<u>54,017,444</u>
<u>Item 1c(9)-Common collective trusts:</u>							
*	LongView LargeCap 500 Index Fund				7,261	6,150,105	16,152,404
*	LongView SmallCap 600 Index				5,607	1,408,640	11,735,243
*	LongView ULTRA Construction Loan Fund				39	79,433	21,418
	Multi-Employer Property Trust				302	1,213,721	3,797,133
	Polen Focus Growth Collective Investment Trust				499,678	7,504,368	15,839,806
	Total common collective trusts					<u>16,356,267</u>	<u>47,546,004</u>
<u>Item 1c(12)-103-12 investment entities:</u>							
	Hardman Johnston International Equity Group Trust				178,077	5,081,085	7,545,559
	Lazard Global Listed Infrastructure Trust				288,211	2,793,637	12,186,792
	Total 103-12 investment entities					<u>7,874,722</u>	<u>19,732,351</u>
<u>Item 1c(13)-Mutual funds:</u>							
	American Funds EuroPacific Growth Fund				143,871	8,001,358	7,728,743
	BlackRock Global Allocation Fund				487,258	9,366,573	9,111,724
	BlackRock Multi-Asset Income Fund				815,846	8,765,531	8,231,889
	PIMCO All Asset Instl Fund				779,371	9,100,919	8,432,792
	PIMCO Income Instl Fund				702,323	7,232,574	7,388,433
	Total mutual funds					<u>42,466,955</u>	<u>40,893,581</u>

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(15)-Hedge funds of funds:</u>						
EnTrust Capital Diversified Fund Ltd				10,092	\$ 46,505	\$ 97,414
EnTrust Capital Special Opportunities Fund Ltd				1,045	-	389,868
EnTrust Capital Special Opportunities Fund III Ltd				2,307	2,293,079	2,279,307
EnTrustPermal Special Opportunities Fund IV Ltd				6,213	6,364,078	6,546,168
Total hedge funds of funds					<u>8,703,662</u>	<u>9,312,757</u>
Total investments					<u>\$ 122,019,845</u>	<u>\$ 191,754,501</u>

* 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, 2024

Form 5500 Schedule H, Item 4j

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

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Collateral	Net Gain or (Loss)	
*	Amalgamated Bank Money Market	\$ 19,153,471 N/A	N/A \$ 18,646,712	\$ 19,153,471 18,646,712	\$ 19,153,471 18,646,712	N/A \$ -

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

Schedule MB, Line 6 – Summary of Plan Provisions

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 an Employer who is obligated to contribute to the Fund for retirement purposes.

Certain employers negotiated for new hires to enter a 401(k) plan instead of the Pension Plan. The employers and effective dates of the change are as follows:

<u>Employer Name</u>	<u>Effective Date</u>
Highland Light Steam Laundry	7/1/2021
Arrow Linen - both locations	7/1/2021
Unitex: Mount Vernon NY 401 S. Macquesten Pkwy	7/1/2021
Unitex: Mount Vernon NY 155 South Terrace Ave.	7/1/2021
Med Apparel (Unitex) in Perth Amboy NJ	7/1/2021
Unitex: Unitex Ledyard Street in Hartford CT	7/1/2021
Unitex: Unitex Meadow Street in Hartford CT	7/1/2021
Unitex: Unitex 10B in New Brunswick NJ	7/1/2021
Best Metropolitan	7/1/2021
Unitex: Unitex in South Windsor CT	1/1/2022
Med Apparel (Unitex) in CT	1/1/2022
Unitex: Unitex in Newburgh, NY	2/1/2022
Unitex: Unitex 10A in New Brunswick, NJ	9/1/2022



Schedule MB, Line 6 – Summary of Plan Provisions

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

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.



Schedule MB, Line 6 – Summary of Plan Provisions

*Amounts of
Pension Benefits
- Continued*

- **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.

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.

Schedule MB, Line 6 – Summary of Plan Provisions

**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, 2024

Age	Stat	Years of Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	61	2	-	-	-	-	-	-	-	63
	Avg Ben		\$42									\$44
25 - 29	Count	-	77	20	1	-	-	-	-	-	-	98
	Avg Ben		\$56	\$166								\$80
30 - 34	Count	-	81	51	20	8	-	-	-	-	-	160
	Avg Ben		\$49	\$171	\$288							\$135
35 - 39	Count	-	113	55	45	32	-	-	-	-	-	245
	Avg Ben		\$43	\$170	\$319	\$414						\$171
40 - 44	Count	-	85	97	63	47	17	2	-	-	-	311
	Avg Ben		\$65	\$173	\$298	\$407						\$227
45 - 49	Count	-	103	89	70	48	43	15	1	-	-	369
	Avg Ben		\$69	\$191	\$295	\$441	\$545					\$272
50 - 54	Count	-	50	62	48	46	37	25	8	3	-	279
	Avg Ben		\$65	\$184	\$296	\$441	\$592	\$626				\$345
55 - 59	Count	-	38	66	38	48	29	26	19	4	-	268
	Avg Ben		\$63	\$169	\$295	\$436	\$602	\$682				\$375
60 - 64	Count	-	23	51	37	37	34	28	17	5	2	234
	Avg Ben		\$76	\$174	\$293	\$441	\$566	\$652				\$412
65 - 69	Count	-	6	14	16	14	13	9	3	5	-	80
	Avg Ben											\$420
70 +	Count	-	1	7	2	5	3	3	1	-	1	23
	Avg Ben											\$374
Total	Count	-	638	514	340	285	176	108	49	17	3	2,130
	Avg Ben		\$57	\$176	\$301	\$429	\$567	\$652	\$793			\$272

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date



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

Funding Standard Account Amortization Bases

Charges

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
ENIL (2008)	1/1/2009	29.00	\$31,760,899	14.00	\$ 22,917,442	\$ 2,542,534
Exper Loss	1/1/2010	15.00	3,572,478	1.00	373,605	373,605
ENIL (2008)	1/1/2011	27.00	542,038	14.00	400,608	44,444
ENIL (2008)	1/1/2012	26.00	24,140,216	14.00	18,084,263	2,006,326
ENIL (2008)	1/1/2013	25.00	1,572,012	14.00	1,195,049	132,583
Exper Loss	1/1/2014	15.00	6,017	5.00	2,759	636
Exper Loss	1/1/2016	15.00	7,707,670	7.00	4,634,649	819,110
Exper Loss	1/1/2017	15.00	3,442,720	8.00	2,292,601	366,747
Assumption	1/1/2017	15.00	358,093	8.00	238,463	38,147
Exper Loss	1/1/2018	15.00	5,254,093	9.00	3,815,792	561,016
Exper Loss	1/1/2019	15.00	6,825,813	10.00	5,329,537	728,840
Exper Loss	1/1/2020	15.00	1,740,468	11.00	1,447,042	185,842
Assumption	1/1/2021	15.00	1,803,919	12.00	1,584,539	192,617
Exper Loss	1/1/2023	15.00	1,481,030	14.00	1,425,414	158,140
Assumption	1/1/2024	15.00	6,336,764	15.00	6,336,764	676,621
Exper Loss	1/1/2024	15.00	108,515	15.00	108,515	11,587
Total Charges					\$ 70,187,042	\$ 8,838,795

See the comments following this Exhibit.



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

Credits

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Method	1/1/2009	30.00	\$10,196,612	15.00	\$ 7,578,055	\$ 809,162
ENIL (2008)	1/1/2010	28.00	7,113,805	14.00	5,192,493	576,072
Exper Gain	1/1/2011	15.00	1,002,345	2.00	202,693	105,125
Exper Gain	1/1/2012	15.00	13,810,001	3.00	4,051,413	1,452,432
Exper Gain	1/1/2013	15.00	1,156,598	4.00	437,732	121,973
Exper Gain	1/1/2015	15.00	4,104,884	6.00	2,184,098	435,152
Amendment	1/1/2017	15.00	12,637,973	8.00	8,415,977	1,346,301
Assumption	1/1/2018	15.00	12,973,976	9.00	9,422,355	1,385,323
Exper Gain	1/1/2021	15.00	5,873,724	12.00	5,159,402	627,179
Exper Gain	1/1/2022	15.00	8,182,030	13.00	7,543,711	873,653
Total Credits					\$ 50,187,929	\$ 7,732,372
Net Total					\$ 19,999,113	\$ 1,106,423

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
ENIL (2019)	Eligible net investment loss under the American Rescue Plan Act of 2021
EOL (2020)	Eligible other loss under the American Rescue Plan Act of 2021
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base

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.

See **Attachment to Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods** for more information regarding the special amortization rule.

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

The withdrawal, active retirement, inactive retirement, and mortality changes in assumptions were updated in connection with an experience study performed by Horizon Actuarial based on valuation data from the period of January 1, 2018 through January 1, 2023 and were made to better reflect anticipated Plan experience.

The operating expenses assumption was updated to better reflect anticipated Plan experience.

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.



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

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 3.29% per annum as of January 1, 2024.



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

Retirement Age

Retirement Rates

Age	Active		Inactive Vested	
	Prior Assumption	Updated Assumption	Prior Assumption	Updated Assumption
62	58.2%	30.0%	0.0%	30.0%
63	34.5%	30.0%	0.0%	30.0%
64	34.4%	30.0%	0.0%	30.0%
65	100.0%	40.0%	100.0%	40.0%
66	100.0%	40.0%	100.0%	40.0%
67	100.0%	40.0%	100.0%	40.0%
68	100.0%	40.0%	100.0%	40.0%
69	100.0%	40.0%	100.0%	40.0%
70+	100.0%	100.0%	100.0%	100.0%

Inactive vested participants age 85 and older as of the valuation date are assumed to never retire and are excluded from the valuation.

The rates of retirement are the same for females and males and are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

The weighted average retirement age for active participants is age 64.8. This average is based on the active population in the January 1, 2024 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.

Operating Expenses

Operating expenses are added to the normal cost and are assumed to be the average actual operating expenses for the prior three years. The operating expenses as of the beginning of the year were updated to \$1,171,950 (equivalent to \$1,217,363 as of middle of year), compared to \$1,181,392 (equivalent to \$1,227,171 as of middle of year) for the prior year.

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.



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

Compensation Increases 2.50% 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

Prior Assumption

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

Updated Assumption

85% of the rates of the sex-distinct PRI-2012 mortality tables with blue collar adjustment, reflecting fully generational mortality improvements with Scale MP-2021.

The non-disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years.

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

Disabled Mortality In accordance with IRS Revenue Ruling 96-7.

The disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years.

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



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

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.

The disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of disabled retirements over the past several years.



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

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:

Prior Assumption

Representative Withdrawal Rates

During first 5 years of service		Thereafter	
Years of service	Rate	Age	Rate
0	24.8%	20	10.2%
1	15.9%	25	9.4%
2	11.4%	30	8.4%
3	9.1%	35	6.9%
4	7.4%	40	5.4%
		45	4.7%
		50	4.3%
		55	4.1%
		60	2.1%

Updated Assumption

Representative Withdrawal Rates

During first 5 years of service		Thereafter	
Years of service	Rate	Age	Rate
0-1	25.0%	20	21.5%
2	18.0%	25	19.4%
3	15.0%	30	13.2%
4	11.0%	35	9.7%
		40	8.0%
		45	6.4%
		50	6.0%
		55	5.4%
		60+	5.0%

The withdrawal rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of non-disabled terminations over the past several years.



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

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.
The marriage assumption is based on historical general population data.

Spouse Ages Male spouses are assumed to be 3 years older than their female counterparts.
The spouse age difference assumption is based on historical general population data.

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.



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

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.



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

Participant Data

Participant census data as of January 1, 2024 was provided by the Plan's administrator, Amalgamated Employee Benefits Administrators (AEBA). Such data included each active participant's service as determined by AEBA, where available. AEBA determined, based on reported dates of termination of employment and hours reported for the most recent reporting period, whether participants were active or inactive. To develop individual actuarial costs, data plugs were made for records with missing information. To the extent that information was missing, the following data values were assumed:

- For records reported without dates of birth that were reported in the prior year valuation, the date of birth assumed in the prior year valuation was used. For participants who were not reported in the prior year valuation, the average age of participants with the same status was assumed (entry age for active participants).
- For records with missing gender, the assumed gender was based on the gender assumed in the prior year valuation. For participants who were not reported in the prior year valuation, the participant was assumed to be female.

The liabilities were determined from participant data files as of January 1, 2024.

Inactive vested participants age 85 and older as of the valuation date were excluded from the valuation.

Financial Information

Financial information was obtained from the December 31, 2023 audited financial statements, as provided by Novak Francella LLC.



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

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:

- As a result of our experience study dated July 12, 2024, the assumptions for non-disabled mortality, active retirement, active withdrawal, and inactive retirement have been updated as of January 1, 2024.
- Expected operating expenses were updated to \$1,171,950, compared to \$1,181,392 for the prior year. The expected operating expenses are assumed to equal the average actual operating expenses for the prior three years.

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.



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, 2024

Enrolled Actuary: Jonathan M. Feldman

Enrollment Number: 23-06980

Actuarial assumptions: 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:

Census data and financial information: 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.

Contributions: 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 \$2,165,981. No withdrawal liability payments were received during the Plan Year.

Attached as separate exhibits are:

- 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
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- 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

Measurement Date: January 1, 2024

Plan Year Beginning January 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2024	502,652	823,607	8,768,642	10,094,902
2025	874,839	1,473,959	8,478,879	10,827,677
2026	1,203,571	2,094,379	8,180,838	11,478,789
2027	1,505,015	2,701,207	7,874,981	12,081,203
2028	1,762,282	3,264,277	7,561,803	12,588,362
2029	2,000,220	3,831,256	7,241,893	13,073,369
2030	2,217,585	4,341,603	6,916,014	13,475,201
2031	2,418,904	4,888,314	6,585,073	13,892,292
2032	2,606,337	5,367,514	6,250,110	14,223,962
2033	2,781,277	5,867,404	5,912,283	14,560,964
2034	2,945,912	6,320,367	5,572,839	14,839,119
2035	3,099,657	6,749,008	5,233,118	15,081,783
2036	3,248,914	7,127,535	4,894,498	15,270,948
2037	3,396,596	7,497,086	4,558,397	15,452,079
2038	3,536,888	7,842,274	4,226,258	15,605,420
2039	3,670,505	8,125,457	3,899,501	15,695,463
2040	3,804,439	8,418,378	3,579,572	15,802,389
2041	3,924,262	8,635,858	3,267,933	15,828,054
2042	4,040,640	8,806,716	2,966,064	15,813,420
2043	4,143,189	8,954,463	2,675,404	15,773,056
2044	4,241,178	9,040,534	2,397,332	15,679,044
2045	4,317,023	9,119,698	2,133,138	15,569,858
2046	4,386,798	9,181,141	1,883,996	15,451,935
2047	4,440,186	9,198,776	1,650,947	15,289,909
2048	4,466,851	9,175,588	1,434,840	15,077,279



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

Measurement Date: January 1, 2024

Plan Year Beginning January 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2049	4,490,834	9,104,182	1,236,312	14,831,328
2050	4,485,124	9,021,530	1,055,735	14,562,388
2051	4,461,547	8,887,042	893,201	14,241,789
2052	4,425,257	8,716,281	748,502	13,890,040
2053	4,371,334	8,510,025	621,127	13,502,486
2054	4,299,817	8,267,338	510,306	13,077,461
2055	4,215,800	8,008,897	415,030	12,639,728
2056	4,110,842	7,724,663	334,112	12,169,616
2057	3,996,293	7,406,323	266,241	11,668,857
2058	3,870,025	7,076,468	210,038	11,156,531
2059	3,730,161	6,731,149	164,099	10,625,409
2060	3,588,525	6,368,583	127,040	10,084,147
2061	3,434,870	6,000,499	97,531	9,532,900
2062	3,273,200	5,638,355	74,332	8,985,887
2063	3,110,217	5,267,869	56,312	8,434,397
2064	2,942,918	4,906,774	42,467	7,892,159
2065	2,771,406	4,551,029	31,933	7,354,368
2066	2,599,326	4,203,344	23,980	6,826,650
2067	2,431,939	3,869,229	18,007	6,319,175
2068	2,265,036	3,546,926	13,535	5,825,497
2069	2,101,132	3,235,781	10,188	5,347,101
2070	1,942,460	2,939,834	7,677	4,889,971
2071	1,787,323	2,659,803	5,786	4,452,911
2072	1,635,617	2,395,484	4,354	4,035,456
2073	1,491,920	2,147,151	3,265	3,642,336



Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 1,935,825	\$ 0	\$ 1,935,825
2025	1,870,922	0	1,870,922
2026	1,814,782	0	1,814,782
2027	1,755,907	0	1,755,907
2028	1,705,272	0	1,705,272
2029	1,658,939	0	1,658,939
2030	1,618,171	0	1,618,171
2031	1,568,929	0	1,568,929
2032	1,528,963	0	1,528,963
2033	1,484,544	0	1,484,544

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.



SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **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 AND ALLIED INDUSTRIES RE	D Employer Identification Number (EIN) 13-5521921	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	185,747,893
(2) Actuarial value of assets for funding standard account.....	1b(2)	197,008,392
c (1) Accrued liability for plan using immediate gain methods	1c(1)	173,660,360
(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)	173,660,360
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)	312,413,390
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,257,882
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,469,999
(3) Expected plan disbursements for the plan year	1d(3)	10,906,627

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		October 9, 2025
	Signature of actuary	Date
Jonathan M. Feldman		2306980
Type or print name of actuary		Most recent enrollment number
Horizon Actuarial Services, LLC		240-247-4600
Firm name		Telephone number (including area code)
8601 Georgia Avenue, Suite 905		
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

- 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	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	5.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	12.1 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,171,950
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	108,515	11,587
4	6,336,764	676,621

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	3,107,723
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)	70,187,042
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	925,855
e Total charges. Add lines 9a through 9d	9e	12,872,373
Credits to funding standard account:		
f Prior year credit balance, if any	9f	43,347,145
g Employer contributions. Total from column (b) of line 3	9g	2,165,981
	Outstanding balance	
h Amortization credits as of valuation date	9h	50,187,929
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4,042,594
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	37,030,803
(2) "RPA '94" override (90% current liability FFL)	9j(2)	85,392,350
(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	57,288,092
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	44,415,719
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current 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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No