Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE
FUND
C/O ALICARE, INC.
333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

2b Employer Identification Number (EIN)
13-5521921

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

2d Business code (see instructions)
812320

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MICHAEL POTACK - EMPLOYER TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	9243
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1995
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1924
b	Retired or separated participants receiving benefits	**6b**	2589
c	Other retired or separated participants entitled to future benefits	**6c**	4083
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8596
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	172
f	Total. Add lines **6d** and **6e**.	**6f**	8768
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	20

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

1A

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

4B

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	4000A	3092	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	204759		
(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)	204759
b Benefit charges (1) Claims paid	9b(1)	102202		
(2) Increase (decrease) in claim reserves	9b(2)	9605		
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	111807
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)	112106		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)	-20170		
(E) Taxes	9c(1)(E)	10148		
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	102084
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	44639
(3) Other reserves			9d(3)	724271
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	9132

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	192943028
(2)	Actuarial value of assets for funding standard account	**1b(2)**	200742165
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	178837522
(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)**	178837522
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)**	284320628
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	5393506
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	12024606
(3)	Expected plan disbursements for the plan year	**1d(3)**	11391908

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/12/2026
JONATHAN M. FELDMAN	26-06980
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 700 SILVER SPRING, MD 20910	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	192943028
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2716	89390294
(2) For terminated vested participants		4532	130265893
(3) For active participants:			
(a) Non-vested benefits			2952594
(b) Vested benefits			61711847
(c) Total active		1995	64664441
(4) Total		9243	284320628
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	67.86 %

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
	1894866				
			Totals ► **3(b)**	1894866	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	112.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the 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 ☐ • 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 ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.75 %	7.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ 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**	6.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	1333180	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	2154201	230019

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.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or 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**	3197401

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)**	68256937		8695209
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	921677
e Total charges. Add lines 9a through 9d			**9e**	12814287
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	44415719
g Employer contributions. Total from column (b) of line 3			**9g**	1894866
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	45745861		7732377
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	4114903
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	36104454		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	56351456		
(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**	58157865
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	45343578
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 ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

KPS SPECIAL SITUATIONS MID-CAP FUND

98-1509541

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

KPS SPECIAL SITUATIONS FUND III LP

74-3219981

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

METROPOLITAN WEST ASSET MANAGEMENT

95-2642764

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

PIMCO

33-0629048

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

BLACKROCK ADVISORS LLC

23-2784752

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

BLACKROCK INVESTMENTS, LLC

13-3806694

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

BLACKROCK INVESTMENTS MGMT, LLC

20-5319476

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

EVANSTON CAPITAL MANAGEMENT, LLC

30-0046847

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

SEI TRUST COMPANY

06-1271230

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

KPS SPECIAL SITUATIONS FUND V (A)

98-1509288

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

KPS SPECIAL SITUATIONS FUND IV LP

98-1087395

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

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

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

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

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

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

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

AMALGAMATED EMPOYEE BENEFITS ADMINI

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	456099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCDERMOTT WILL & SCHULTE

36-1453176

(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	139684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTE ROTH & ZABEL LLP

12-2633996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	129132	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	122937	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	109591	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	106250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	93807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	50032	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	49690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEWTOWER TRUST COMPANY

20-1641876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	34464	Yes [ ] No [X]

(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	RELATED PARTY	32100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
19 51 52	RELATED PARTY	24314	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

HAMILTON LANE ADVISORS LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	23952	Yes [ ] No [X]

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

LANDMARK EQUITY ADVISERS LLC

06-1519082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	17965	Yes [ ] No [X]

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

CRYSTAL IBC LLC

47-2002720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	11234	Yes [ ] No [X]

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	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LANDMARK EQUITY ADVISERS LLC	28 52	17965
(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	23952
(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	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRYSTAL IBC LLC	22 53	138
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN INTERNATIONAL GROUP 13-2592361	INSURANCE BROKER COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEWTOWER TRUST COMPANY	21 28 52	34464
(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-004	C	12210940

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	3884893

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8434730-006	C	3032

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-6363285-001	E	12718181

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6493485-001	E	9685935

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-2631618-001	C	16150254

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-008	C	17377716

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
AMALGAMATED BANK	CUSTODIAN	POTENTIAL PT RELATED TO TIMING OF TRANSFER OF CLASS ACTION SETTLEMENT PROCEEDS. VFCP PENDING BEFORE DOL.	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	432013	397157
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1127645	1782261
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2087330	1132356
(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)	18165034	18568535
(5) Partnership/joint venture interests	1c(5)	54017444	57128942
(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)	47546004	49626835
(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)	19732351	22404116
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40893581	45433734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9312757	8321535

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	193314159	204795471
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	290164	302313
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	80967	102386
1k Total liabilities (add all amounts in lines 1g through1j)	1k	371131	404699
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	192943028	204390772

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)	1894866	
(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)		1894866
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7697	
(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)	560259	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		567956
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	398464	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3796915	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4195379
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8336113	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4218681	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4117432
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	963942	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		963942

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6606326
(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)		3670564
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2993239
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25009704
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11451665	
(2) To insurance carriers for the provision of benefits	2e(2)	213892	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11665557
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)	339099	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	49690	
(5) Investment advisory and investment management fees	2i(5)	489123	
(6) Bank or trust company trustee/custodial fees	2i(6)	4876	
(7) Actuarial fees	2i(7)	122937	
(8) Legal fees	2i(8)	268816	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	621862	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1896403
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13561960
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11447744
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**	X		877
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		65450477
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587099.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5521921

Part I Distributions

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

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

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

EIN(s): 13-5521921

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 AMERICAN DRIVE IN CLEANERS

b EIN 13-5521921 **c** Dollar amount contributed by employer 5110

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 2025

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

a Name of contributing employer UNITEX/MED APPAREL CONTROLLED

b EIN 13-1694756 **c** Dollar amount contributed by employer 417536

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 2025

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 BEST METROPOLITAN

b EIN 13-5521921 **c** Dollar amount contributed by employer 15550

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 2025

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 MERLIN INDUSTRIES, INC.

b EIN 65-0303126 **c** Dollar amount contributed by employer 51017

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 2025

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 FDR SERVICES CORP

b EIN 20-2651495 **c** Dollar amount contributed by employer 173873

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 2025

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

a Name of contributing employer NEW ENGLAND LINEN SUPPLY, INC.

b EIN 05-0284920 **c** Dollar amount contributed by employer 9218

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 2025

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

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 54064

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 2025

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 70267

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 2025

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 77600

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 2025

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 ELITE AIRLINE LAUNDRY SERVICES

b EIN 11-2747199 **c** Dollar amount contributed by employer 59101

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 2025

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
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: 49.0 % Private Equity: 19.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.0 %
High-Yield Debt: 0.0 % Real Assets: 17.0 % Cash or Cash Equivalents: 3.0 % Other: 4.0 %

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, 2025

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak | Francella
LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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, 2025 and 2024, 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, Schedules of Administrative Expenses, and Schedule of Nonexempt Transactions, 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, Schedule of Reportable Transactions, and Schedule of Nonexempt 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
October 8, 2026

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

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Short-term investments	$ 1,132,356	$ 2,087,330
Common stock	18,568,535	18,165,034
Limited partnerships	57,128,942	54,017,444
Common collective trusts	49,626,835	47,546,004
103-12 investment entities	22,404,116	19,732,351
Mutual funds	45,433,734	40,893,581
Hedge funds of funds	8,321,535	9,312,757
Total investments	202,616,053	191,754,501
Receivables		
Employer contributions	397,157	432,013
Accrued interest and dividends	15,110	17,029
Due from related entity - undistributed contributions	523,299	635,348
Securities sold and not settled	1,159,393	324,727
Due from ALICO	18,861	150,368
Total receivables	2,113,820	1,559,485
Other assets		
Prepaid expenses	65,598	173
Total assets	204,795,471	193,314,159
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	211,774	275,200
Cash overdraft	90,539	14,964
Due to related entities	102,386	80,967
Total liabilities	404,699	371,131
Net assets available for benefits	$ 204,390,772	$ 192,943,028

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, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 18,351,503	$ 12,866,071
Interest and dividends	4,763,335	3,581,461
	23,114,838	16,447,532
Less investment expenses	(493,999)	(445,239)
Unrelated business income tax expense	(131,165)	-
Net investment income	22,489,674	16,002,293
Employer contributions	1,894,866	2,165,981
Total additions	24,384,540	18,168,274
Deductions		
Retirement benefits	11,665,557	9,392,272
Administrative expenses	1,271,239	1,580,867
Total deductions	12,936,796	10,973,139
Net increase	11,447,744	7,195,135
Net assets available for benefits		
Beginning of year	192,943,028	185,747,893
End of year	$ 204,390,772	$ 192,943,028

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

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, 2025 and 2024, no allowance for credit losses is recorded.

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, 2025 and 2024, the contribution rates ranged from 1.60% to 2.64% of payroll. The contribution rate during the years ended December 31, 2025 and 2024 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, 2025 and 2024 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, 2025 and 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2025.

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, 2025 and 2024, 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, 2025 and 2024:

	December 31, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 1,132,356	$ 1,132,356	$ -	$ -
Common stock	18,568,535	18,568,535	-	-
Mutual funds	45,433,734	45,433,734	-	-
Total assets in the fair value hierarchy	65,134,625	$ 65,134,625	$ -	$ -
Investments measured at net asset value*	137,481,428			
Total investments at fair value	$202,616,053			

	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	$191,754,501			

*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, 2025 and 2024:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	$17,377,716	$ -	Daily	Daily
LongView SmallCap 600 Index	12,210,940	-	Daily	Daily
LongView Ultra Construction Loan Fund	3,032	-	Monthly	1 year
Multi-Employer Property Trust	3,884,893	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	16,150,254	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	9,685,935	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	12,718,181	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I LP	8,259,359	1,237,500	*	*
Accolade Partners Growth Fund II LP	5,078,089	1,000,000	*	*
Brookfield Super-Core Infrastructure Partners	13,266,719	-	*	*
Dune Real Estate Fund IV LP	3,648,764	-	*	*
Hamilton Lane Co Inv Feeder Fund III LP	1,232,466	249,922	*	*
Hamilton Lane Co Inv Feeder Fund IV LP	4,483,305	1,046,819	*	*
KPS Special Situations MidCap Fund I LP	2,304,374	166,237	*	*
KPS Special Situations Fund IV LP	2,109,990	917,860	*	*
KPS Special Situations Fund V LP	7,634,030	1,219,139	*	*
KPS Special Situations Fund VI LP	707,076	4,333,938	*	*
Landmark Equity Partners XV LP	662,658	961,554	*	*
LongView Private Equity Fund of Funds LP	131,127	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II LP	1,307,522	605,000	*	*
Sterling Consumer Logistic Properties I LP	2,259,300	1,511,956	*	*
Yucaipa American Alliance Fund II LP	4,044,163	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund Ltd	61,716	-	v	v
EnTrust Capital Special Opportunities Fund Ltd	90,264	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III Ltd	1,518,728	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV Ltd	6,650,827	1,787,276	Quarterly	y-95 Days
Total	$ 137,481,428	$ 16,186,552		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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	$ 130,608,556	$ 20,336,598		

^ - 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.

@ - 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 time of receipt of the notice or on the last day of the fiscal period, depending on the nature of the request. Withdrawals are permitted with written notice of ten business days before the valuation date.

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

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

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

* - The objective of the 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.

* - 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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - The Feeder Partnership was formed to invest directly or indirectly as a limited partner in the Hamilton Lane Co - Investment Fund III, LP (CI Fund III) All of the Feeder Partnership's investments are generally considered to be illiquid investments. The partnership will achieve liquidity only as and when the funds sell their portfolio investments and distribute the proceeds received from the disposition of those investments. These funds are expected to have a life of eight to twelve years. It is also possible for the Feeder Partnership to dispose of their interest in the fund investments in the secondary market. The Feeder Partnership provides for termination on the same day CI Fund III dissolves which was expected to terminate on June 20, 2025, unless extended at the discretion of the General Partner with the consent of the advisory committee. The General Partner has extended the CI Fund III until June 20, 2027.

* - 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 Fund will terminate on April 20, 2029, unless extended at the discretion of the General Partner for up to two successive one-year terms.

* - 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 was 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. In February 2026, the General Partners extended the term by a one-year period through May 30, 2027.

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 KPS VI Partnership is expected to terminate on or before October 1, 2036 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.

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, 2027.

* - 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 December 31, 2027 unless the Partnership is dissolved earlier in accordance with the Partnership Agreement. The term may be extended for up to two 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. The investment period lasted until June 15, 2025 and was not extended.

* - 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. 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.

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, 2025 and 2024, 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, 2025 and 2024, 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.

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 $9,670 and $7,257 for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, the Plan owed $9,670 and $7,257, respectively, for shared expenses. Subsequent to year end, these amounts were reimbursed by the Plan.

As of December 31, 2025 and 2024, the Plan was owed $523,299 and $635,348 respectively, for undistributed contributions from the Health Fund.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

At December 31, 2025 and 2024, the Plan owed the Education and Legal Fund $57,499 and $42,707 respectively, for undistributed contributions.

At December 31, 2025 and 2024, the Plan owed the Defense Fund $38,171 and $17,221, respectively, for undistributed contributions.

The Plan pays a service charge to AEBA for the administration of retirement benefits. Charges incurred amounted to $339,099 and $346,466 for the years ended December 31, 2025 and 2024, respectively.

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

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

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

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

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

The Benefit Funds' participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2025 and 2024 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.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Pension Plan Employer Identification Number	Pension Plan Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Consolidated Retirement Plan	13-3177000	001	Green as of 01/01/25	No	Green as of 01/01/24	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	
	12/31/2025	12/31/2024			12/31/2025	12/31/2024	12/31/2025	12/31/2024
Consolidated Retirement Plan	$0	$0	No	No	15.50% of employees' pensionable payroll	15.50% of employees' pensionable payroll	2	1

The Plan reimbursed the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United $690 and $811 during the years ended December 31, 2025 and 2024, 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, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 70,252,795
Other vested benefits	105,840,470
	176,093,265
Nonvested benefits	2,744,257
Total actuarial present value of accumulated plan benefits	$ 178,837,522

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 173,660,360
Increase (decrease) during the year attributable:	
Benefits accumulated, net experience gain or loss, changes in data	1,324,684
Interest	13,244,750
Benefits paid	(9,392,272)
Net increase	5,177,162
Actuarial present value of accumulated plan benefits at end of year	$ 178,837,522

The actuarial cost method used in the valuations is the Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the December 31, 2024 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.

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:

	Active	Inactive Vested	
Age	Assumption	Prior Assumption	Updated Assumption
62	30.0%	30.0%	5.0%
63	30.0%	30.0%	12.0%
64	30.0%	30.0%	12.0%
65	40.0%	40.0%	20.0%
66	40.0%	40.0%	20.0%
67	40.0%	40.0%	20.0%
68	40.0%	40.0%	20.0%
69	40.0%	40.0%	20.0%
70	100.0%	100.0%	20.0%
71	100.0%	100.0%	20.0%
72+	100.0%	100.0%	100.0%

  The preceding rates are approximately equivalent to a retirement of 64.9 years (previously 64.8).

- 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, 2025 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, 2025 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, 2025. The complete financial status is presented as of December 31, 2024.

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, 2025, 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 October 8, 2026, 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, 2025 and 2024

	2025	2024
Administrative fees		
Administration fees	$ 339,099	$ 346,466
Shared administrative expenses	7,000	6,900
Professional services		
Legal	268,816	606,652
Actuary	122,937	120,964
Accounting and auditing	49,690	47,000
Office expenses		
Printing	39,630	30,873
Office supplies	7,787	189
Other		
PBGC premiums	360,477	347,726
Insurance	66,808	66,808
Bank charges	8,995	7,289
Total administrative expenses	$ 1,271,239	$ 1,580,867

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

Schedule of Assets Held at End of Year

December 31, 2025

Form 5500 Schedule H, Item 4i

EIN 13-5521921
Plan No 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(1)-Short-term investments:						
*	Amalgamated Bank Money Market			Var %	1,049,970	$ 1,049,970	$ 1,049,970
	JPMorgan 100% US Treasury Money Market			Var	82,386	82,386	82,386
	Total short-term investments					1,132,356	1,132,356
	Item 1c(4)(B)-Common stocks:						
	Academy Sports & Outdoors				1,700	74,899	84,932
	ACM Research Inc				2,700	77,128	106,515
	Adeia Inc				6,100	73,088	105,225
	Adobe Inc				500	182,417	174,995
	ADT Inc				10,300	86,507	83,121
	AGCO Corp				1,000	74,061	104,320
	Akamai Technologies Inc				1,500	113,030	130,875
	Alliance Data Systems Corp				1,100	92,428	81,433
	Allstate Corp				510	105,566	106,156
	Ally Financial Inc				3,200	103,760	144,928
	Alphabet Inc Class A				2,800	508,105	876,400
	Altria Group				4,000	177,028	230,640
	Amdocs Ltd				1,900	129,383	152,969
	American Airlines Group Inc				4,200	65,949	64,386
	American International Group Inc				2,300	155,503	196,765
	Ameriprise Financial Inc				100	9,884	49,034
	Amkor Technology Inc				1,296	28,166	51,166
	APA Corp				1,890	84,311	46,229
	Applied Materials Inc				500	55,376	128,495
	Archer Daniels Midland Co				1,200	73,509	68,988
	Arrow Electronics Inc				900	74,149	99,162
	Associated Banc Corp				2,300	48,322	59,248
	AT&T Inc				11,500	235,244	285,660
	Avnet Inc				1,600	67,534	76,928
	Bank of America Corp				1,400	37,150	77,000
	Bank of New York Mellon Corp				2,000	97,652	232,180
	Baxter International Inc				1,600	54,026	30,576
	Best Buy Co Inc				700	49,307	46,851
	Bloomin' Brands Inc				4,000	88,255	24,680
	BorgWarner Inc				2,700	108,951	121,662
	Bristol Myers Squibb Co				4,300	209,139	231,942
	Bunge Global SA				650	65,036	57,902
	Central Garden & Pet Co				2,800	96,370	81,732
	Charles River Laboratories International Inc				400	64,931	79,792
	Cirrus Logic Inc				1,300	123,662	154,050

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	Cisco Systems Inc				4,300	$ 83,831	$ 331,229
	Citigroup Inc				4,400	475,085	513,436
	Citizens Financial Group Inc				2,000	73,845	116,820
	Cognizant				2,200	148,680	182,600
	Comcast Cable				7,000	258,809	209,230
	Computer Sciences Corp				3,100	125,755	45,415
	Conagra Brands Inc				2,200	79,951	38,082
	Constellation Brands Inc				700	95,694	96,572
	Corebridge Financial Inc				2,900	94,323	87,493
	Crown Holdings Inc				720	74,266	74,138
	CSG Systems International Inc				1,100	56,921	84,359
	Cummins Inc				150	22,830	76,568
	CVS Health Corp				2,700	190,016	214,272
	DaVita Inc				500	43,618	56,805
	Dell Technologies Inc				1,900	81,047	239,172
	Delta Air Lines Inc				2,200	109,545	152,680
	Diebold Nixdorf Inc				1,252	85,109	84,998
	Dropbox Inc				5,300	142,101	147,340
	Eastman Chemical Co				700	34,613	44,681
	eBay Inc				2,500	92,361	217,750
	EOG Resources Inc				700	91,122	73,507
	Everest Group Ltd				200	21,198	67,870
	Exelixis Inc				2,600	60,927	113,958
	Expedia Inc				400	87,317	113,324
	Exxon Mobil Corp				600	54,316	72,204
	FedEx Corp				700	129,576	202,202
	Flextronics International				900	7,127	54,378
	Ford Motor Co				13,300	195,599	174,496
	Fox Corp				1,300	40,141	94,991
	Gap Inc				4,200	95,446	107,520
	Gen Digital Inc				7,200	144,996	195,768
	General Mills Inc				2,100	137,749	97,650
	General Motors Co				4,500	155,713	365,940
	Gilead Sciences Inc				2,800	224,032	343,672
	Global Payments Inc				600	64,948	46,440
	Goldman Sachs Group Inc				140	19,011	123,060
	Graphic Packaging Holding Co				2,100	52,068	31,626
	Harley Davidson Inc				2,553	86,040	52,311
	Hartford Financial Services				1,200	45,856	165,360
	HCA Healthcare Inc				150	10,322	70,029
	Hewlett Packard Enterprise				11,400	149,525	273,828
	HF Sinclair Corp				1,200	41,921	55,296
	HP Inc				8,500	151,619	189,380
	Huntington Ingalls Industries				200	41,577	68,014
	Incyte Corp				1,400	78,695	138,278
	Ingredion Inc				500	33,613	55,130
	Jabil Circuit Inc				500	30,833	114,010
	Jack In The Box Inc				980	93,980	18,571
	Jazz Pharmaceuticals PLC				900	118,901	153,000
	Johnson & Johnson				900	139,107	186,255
	Kraft Heinz Co				2,900	99,302	70,325

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	Lam Research Corp				1,800	$ 154,339	$ 308,124
	Leidos Holdings Inc				300	56,508	54,120
	Lincoln National Corp				1,300	67,003	57,889
	Mattel Inc				5,400	92,343	107,136
	Merck & Co Inc				2,800	173,627	294,728
	MetLife Inc				800	41,121	63,152
	MGM Mirage				2,700	97,902	98,523
	Micron Technology Inc				800	186,443	228,328
	MKS Instruments Inc				592	88,779	94,602
	Molson Coors Beverage Co				2,200	122,343	102,696
	National Fuel Gas Co				600	33,675	48,036
	NCR Atleos Corp				1,450	32,209	55,260
	NetApp Inc				1,100	43,832	117,799
	NetScout Systems Inc				1,175	32,518	31,796
	Newmont Corp				2,400	141,820	239,640
	Nexstar Media Group Inc				500	75,064	101,525
	Oshkosh Corp				800	104,135	100,504
	Ovintiv Inc				2,100	94,654	82,299
	PayPay Holdings Inc				2,600	188,142	151,788
	Penguin Solutions Inc				4,900	97,053	95,844
	Penske Auto Group				600	28,087	94,974
	Pfizer Inc				8,200	239,474	204,180
	Phillips 66				400	44,918	51,616
	Phinia Inc				540	16,358	33,853
	PulteGroup Inc				1,600	45,185	187,616
	Qorvo Inc				1,200	92,710	101,412
	Qualcomm Inc				2,100	297,498	359,205
	Radian Group Inc				2,700	40,916	97,173
	Regeneron Pharmaceuticals Inc				85	65,186	65,609
	Regions Financial Corp				4,300	89,955	116,530
	RingCentral Inc Class A				3,400	100,355	98,192
	Ryder System Inc				800	66,133	153,112
	SanDisk Corp				533	25,052	126,523
	Science Applications International Corp				700	63,235	70,462
	Skyworks Solutions Inc				1,500	124,834	95,115
	Snap-On Inc				200	48,638	68,920
	Spectrum Brands Inc				1,200	95,067	70,896
	State Street Corporation				2,000	156,826	258,020
	SYNNEX Corp				800	36,249	120,184
	Teradata Corp				3,500	97,676	106,540
	Textron Inc				2,100	125,743	183,057
	The Kroger Co				3,400	77,604	212,432
	Toll Brothers Inc				1,100	40,166	148,742
	United Airlines Holdings Inc				1,000	72,127	111,820
	Universal Health Services Inc				400	53,992	87,208
	Upwork Inc				6,200	92,776	122,884
	Valero Energy Corp				900	41,204	146,511
	Verizon Communications Inc				6,600	340,719	268,818
	Vontier Corp				2,600	90,153	96,668
	Voya Financial Inc				800	33,708	59,592
	Wells Fargo & Co				3,200	116,090	298,240

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(4)(B)-Common stocks (continued):						
	Western Digital				300	$ 14,708	$ 51,681
	Western Union Co				5,100	104,627	47,481
	World Fuel Services Corp				2,500	95,587	58,575
	Zoom Video Communications Inc				1,360	115,150	117,354
	ZoomInfo Technologies Inc				9,300	93,356	94,581
	Total common stocks					13,966,375	18,568,535
	Item 1c(5)-Limited partnerships:						
	Accolade Partners Growth I LP					3,588,606	8,259,359
	Accolade Partners Growth II LP					3,999,686	5,078,089
	Brookfield Super-Core Infrastructure Partners					11,401,428	13,266,719
	Dune Real Estate Fund IV LP					4,818,347	3,648,764
	Hamilton Lane Co Inv Feeder Fund III LP					-	1,232,466
	Hamilton Lane Co Inv Feeder Fund IV LP					-	4,483,305
	KPS Special Situations MidCap Fund I LP					1,232,753	2,304,374
	KPS Special Situations Fund IV LP					-	2,109,990
	KPS Special Situations Fund V LP					4,988,801	7,634,030
	KPS Special Situations Fund VI LP					665,526	707,076
	Landmark Equity Partners XV LP					24,776	662,658
*	LongView Private Equity Fund of Funds LP					-	131,127
	Siguler Guff Distressed Real Estate Opp Fund II LP					-	1,307,522
	Sterling Consumer Logistic Properties I LP					3,055,907	2,259,300
	Yucaipa American Alliance Fund II LP					-	4,044,163
	Total limited partnerships					33,775,830	57,128,942
	Item 1c(9)-Common collective trusts:						
*	LongView LargeCap 500 Index Fund				6,629	5,614,753	17,377,716
*	LongView SmallCap 600 Index				5,505	1,382,960	12,210,940
*	LongView ULTRA Construction Loan Fund				1	1,174	3,032
	Multi-Employer Property Trust				302	1,213,721	3,884,893
	Polen Focus Growth Collective Investment Trust				490,442	7,383,647	16,150,254
	Total common collective trusts					15,596,255	49,626,835
	Item 1c(12)-103-12 investment entities:						
	Hardman Johnston International Equity Group Trust				160,412	4,577,037	9,685,935
	Lazard Global Listed Infrastructure Trust				237,169	2,298,886	12,718,181
	Total 103-12 investment entities					6,875,923	22,404,116
	Item 1c(13)-Mutual funds:						
	American Funds EUPAC Fund Class R-6				147,452	8,257,078	8,932,659
	BlackRock Global Allocation Fund Institutional Class				499,741	9,667,028	10,194,726
	BlackRock Multi-Asset Income Fund Class K				840,806	9,008,380	8,878,913
	PIMCO All Asset Fund Institutional Class				807,646	9,415,947	9,223,319
	PIMCO Income Fund Institutional Class				746,507	7,709,423	8,204,117
	Total mutual funds					44,057,856	45,433,734

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(15)-Hedge funds of funds:							
	EnTrust Capital Diversified Fund Ltd				5,772	$ 26,548	$ 61,716
	EnTrust Capital Special Opportunities Fund Ltd				261	-	90,264
	EnTrust Capital Special Opportunities Fund III Ltd				1,710	2,101,819	1,518,728
	EnTrustPermal Special Opportunities Fund IV Ltd				5,562	5,760,929	6,650,827
	Total hedge funds of funds					7,889,296	8,321,535
	Total investments					$ 123,293,891	$ 202,616,053

* 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, 2025

Form 5500 Schedule H, Item 4j

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

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Collateral	(i) Net Gain or (Loss)
*	Amalgamated Bank Money Market	$ 19,450,402	N/A	$ 19,450,402	$ 19,450,402	N/A
		N/A	$ 20,346,429	20,346,429	20,346,429	$ -

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

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

Schedule of Nonexempt Transactions

Year Ended December 31, 2025

Form 5500, Schedule G, Part III

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

(a)	(b)	(c)
Identity of Party Involved	Relationship to Plan, Employer, Other Party in Interest	Description of Transactions
Amalgamated Bank	Custodian	Potential PT related to timing of transfer of class action settlement proceeds. VFCP pending before DOL.

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 April 1, 2024.
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 effectives dates of the change are as follows:

Employer Name	Effective Date
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	The changes in the plan provisions since the prior valuation had no impact on the valuation results.

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, 2025

		Years of Service										
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	50	3	-	-	-	-	-	-	-	53
	Avg Ben		$54									$60
25 - 29	Count	-	71	16	3	-	-	-	-	-	-	90
	Avg Ben		$56									$82
30 - 34	Count	-	77	35	15	3	-	-	-	-	-	130
	Avg Ben		$58	$187								$128
35 - 39	Count	-	119	59	38	31	1	-	-	-	-	248
	Avg Ben		$46	$179	$325	$418						$169
40 - 44	Count	-	63	90	60	49	18	3	-	-	-	283
	Avg Ben		$66	$175	$310	$416						$248
45 - 49	Count	-	66	81	70	43	30	15	3	-	-	308
	Avg Ben		$81	$186	$300	$432	$536					$286
50 - 54	Count	-	40	54	63	48	39	30	7	2	-	283
	Avg Ben		$76	$184	$301	$418	$584	$637				$356
55 - 59	Count	-	36	57	49	44	34	30	16	4	-	270
	Avg Ben		$65	$175	$297	$449	$590	$685				$388
60 - 64	Count	-	16	46	32	36	35	26	12	8	1	212
	Avg Ben			$175	$291	$431	$573	$701				$431
65 - 69	Count	-	7	23	16	12	13	15	5	1	1	93
	Avg Ben			$198								$410
70 +	Count	-	-	6	3	6	3	4	1	1	1	25
	Avg Ben											$432
Total	Count	-	545	470	349	272	173	123	44	16	3	1,995
	Avg Ben		$61	$180	$305	$428	$565	$661	$793			$287

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

Charges

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	Balance	Annual Payment
ENIL (2008)	1/1/2009	29.00	$31,760,899	13.00	$ 21,953,963	$ 2,542,534
ENIL (2008)	1/1/2011	27.00	542,038	13.00	383,767	44,444
ENIL (2008)	1/1/2012	26.00	24,140,216	13.00	17,323,977	2,006,326
ENIL (2008)	1/1/2013	25.00	1,572,012	13.00	1,144,807	132,583
Exper Loss	1/1/2014	15.00	6,017	4.00	2,288	636
Exper Loss	1/1/2016	15.00	7,707,670	6.00	4,111,243	819,110
Exper Loss	1/1/2017	15.00	3,442,720	7.00	2,075,108	366,747
Assumption	1/1/2017	15.00	358,093	7.00	215,841	38,147
Exper Loss	1/1/2018	15.00	5,254,093	8.00	3,507,021	561,016
Exper Loss	1/1/2019	15.00	6,825,813	9.00	4,957,251	728,840
Exper Loss	1/1/2020	15.00	1,740,468	10.00	1,358,943	185,842
Assumption	1/1/2021	15.00	1,803,919	11.00	1,499,795	192,617
Exper Loss	1/1/2023	15.00	1,481,030	13.00	1,365,488	158,140
Assumption	1/1/2024	15.00	6,336,764	14.00	6,098,804	676,621
Exper Loss	1/1/2024	15.00	108,515	14.00	104,440	11,587
Exper Loss	1/1/2025	15.00	2,154,201	15.00	2,154,201	230,019
Total Charges					$ 68,256,937	$ 8,695,209

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 1/1/2025* Period	Balance	Annual Payment
Method	1/1/2009	30.00	$10,196,612	14.00	$ 7,293,482	$ 809,162
ENIL (2008)	1/1/2010	28.00	7,113,805	13.00	4,974,193	576,072
Exper Gain	1/1/2011	15.00	1,002,345	1.00	105,130	105,130
Exper Gain	1/1/2012	15.00	13,810,001	2.00	2,800,402	1,452,432
Exper Gain	1/1/2013	15.00	1,156,598	3.00	340,230	121,973
Exper Gain	1/1/2015	15.00	4,104,884	5.00	1,884,489	435,152
Amendment	1/1/2017	15.00	12,637,973	7.00	7,617,576	1,346,301
Assumption	1/1/2018	15.00	12,973,976	8.00	8,659,902	1,385,323
Exper Gain	1/1/2021	15.00	5,873,724	11.00	4,883,470	627,179
Exper Gain	1/1/2022	15.00	8,182,030	12.00	7,186,987	873,653
Total Credits					$ 45,745,861	$ 7,732,377
Net Total					$ 22,511,076	$ 962,832

See the comments following this Exhibit.

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

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

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
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 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 4.01% per annum as of January 1, 2025.

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

Retirement Age

Retirement Rates

Age	Active	Inactive Vested
62	30.0%	5.0%
63	30.0%	12.0%
64	30.0%	12.0%
65	40.0%	20.0%
66	40.0%	20.0%
67	40.0%	20.0%
68	40.0%	20.0%
69	40.0%	20.0%
70	100.0%	20.0%
71	100.0%	20.0%
72+	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 64.9. This average is based on the active population in the January 1, 2025 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 $1,333,180 (equivalent to $1,384,841 as of middle of year), compared to $1,171,950 (equivalent to $1,217,363 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	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:

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.

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.

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

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.
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.

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

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, 2025 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, 2025.

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

In accordance with the Plan's forfeiture policy, Retirees, Disabled Retirees, and Beneficiaries whose pension benefits have been suspended for more than 12 months as of the valuation date were excluded from the valuation.

Financial Information

Financial information was obtained from the December 31, 2024 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:

Expected operating expenses were updated to $1,333,180, compared to $1,171,950 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, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2025

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2025	527,638	1,032,711	8,870,453	10,430,801
2026	924,323	1,741,591	8,572,743	11,238,657
2027	1,290,799	2,441,960	8,266,687	11,999,446
2028	1,597,312	3,077,472	7,952,841	12,627,626
2029	1,866,405	3,686,998	7,631,821	13,185,224
2030	2,097,378	4,222,326	7,304,383	13,624,087
2031	2,312,280	4,799,763	6,971,401	14,083,444
2032	2,510,506	5,324,629	6,633,860	14,468,995
2033	2,693,495	5,837,027	6,292,844	14,823,367
2034	2,865,457	6,317,076	5,949,518	15,132,051
2035	3,022,606	6,766,433	5,605,131	15,394,170
2036	3,174,101	7,155,971	5,260,970	15,591,042
2037	3,323,225	7,540,197	4,918,368	15,781,791
2038	3,462,129	7,902,219	4,578,691	15,943,039
2039	3,594,961	8,202,703	4,243,299	16,040,963
2040	3,727,448	8,514,304	3,913,598	16,155,350
2041	3,847,272	8,750,695	3,591,025	16,188,992
2042	3,964,818	8,938,923	3,277,060	16,180,802
2043	4,070,028	9,102,908	2,973,166	16,146,103
2044	4,168,777	9,210,464	2,680,770	16,060,011
2045	4,249,090	9,301,600	2,401,234	15,951,923
2046	4,324,524	9,380,126	2,135,832	15,840,482
2047	4,383,443	9,415,548	1,885,739	15,684,730
2048	4,420,169	9,402,287	1,651,970	15,474,426
2049	4,453,650	9,341,457	1,435,371	15,230,479

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

Measurement Date: January 1, 2025

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2050	4,457,727	9,268,151	1,236,560	14,962,438
2051	4,446,168	9,139,229	1,055,895	14,641,292
2052	4,419,720	8,973,737	893,441	14,286,899
2053	4,376,170	8,770,316	748,950	13,895,436
2054	4,313,620	8,530,880	621,889	13,466,389
2055	4,241,714	8,271,481	511,436	13,024,631
2056	4,145,278	7,984,807	416,552	12,546,637
2057	4,037,418	7,666,139	336,014	12,039,570
2058	3,916,331	7,337,006	268,485	11,521,822
2059	3,780,576	6,986,654	212,566	10,979,796
2060	3,644,069	6,616,960	166,835	10,427,865
2061	3,494,283	6,241,069	129,902	9,865,253
2062	3,334,732	5,870,675	100,438	9,305,845
2063	3,173,211	5,493,008	77,207	8,743,426
2064	3,007,927	5,123,182	59,088	8,190,197
2065	2,837,581	4,757,208	45,094	7,639,883
2066	2,668,104	4,397,672	34,370	7,100,146
2067	2,502,291	4,052,605	26,200	6,581,097
2068	2,336,649	3,718,379	19,997	6,075,024
2069	2,174,036	3,395,024	15,291	5,584,351
2070	2,014,707	3,087,863	11,716	5,114,286
2071	1,860,662	2,796,168	8,990	4,665,821
2072	1,708,055	2,520,646	6,902	4,235,602
2073	1,563,351	2,261,600	5,292	3,830,242
2074	1,422,966	2,019,148	4,045	3,446,158

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
2025	$ 1,890,783	$ 0	$ 1,890,783
2026	1,814,366	0	1,814,366
2027	1,745,693	0	1,745,693
2028	1,689,607	0	1,689,607
2029	1,637,699	0	1,637,699
2030	1,591,021	0	1,591,021
2031	1,547,509	0	1,547,509
2032	1,509,051	0	1,509,051
2033	1,472,228	0	1,472,228
2034	1,440,665	0	1,440,665

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	192,943,028
(2)	Actuarial value of assets for funding standard account	**1b(2)**	200,742,165
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	178,837,522
(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)**	178,837,522
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)**	284,320,628
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	5,393,506
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	12,024,606
(3)	Expected plan disbursements for the plan year	**1d(3)**	11,391,908

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

Jonathan Feldman
Signature of actuary

October 12, 2026
Date

Jonathan M. Feldman
Type or print name of actuary

2606980
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

240-247-4600
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	192,943,028
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2,716	89,390,294
(2) For terminated vested participants		4,532	130,265,893
(3) For active participants:			
(a) Non-vested benefits			2,952,594
(b) Vested benefits			61,711,847
(c) Total active		1,995	64,664,441
(4) Total		9,243	284,320,628
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	67.86 %

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
	1,894,866				

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.75 %	7.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ 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**	6.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.8 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	1,333,180
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	2,154,201	230,019

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. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or 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**	3,197,401
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)**	68,256,937	8,695,209
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	921,677
e Total charges. Add lines 9a through 9d		**9e**	12,814,287
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	44,415,719
g Employer contributions. Total from column (b) of line 3		**9g**	1,894,866
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	45,745,861	7,732,377
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	4,114,903
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	36,104,454	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	56,351,456	
(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**	58,157,865
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	45,343,578
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			☒ Yes ☐ No