

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: RETAIL, WHOLESALE & DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY HEALTH AND BENEFIT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/21/1956
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF RWDSIUI HEALTH AND BENEFIT FUND
2b Employer Identification Number (EIN): 63-0708443
2c Plan Sponsor's telephone number: 205-252-3586
2d Business code (see instructions): 311610

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Stuart Appelbaum, Chairman and Eddie Allen, Employer/Plan Sponsor.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2106
	6a(2)	2317
	6b	0
	6c	6
	6d	2323
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	77

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan RETAIL, WHOLESALE & DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF RWDSIUI HEALTH AND BENEFIT FUND	D Employer Identification Number (EIN) 63-0708443	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

(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)

BLUE CROSS AND BLUE SHIELD

225 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

63-0103830

(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?
12	CLAIMS PROCESSOR	1324754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAVE ON SP, LLC

611 JAMISON ROAD, SUITE 201
ELMA, NY 14059

47-3603390

(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?
49		494729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

PO BOX 4125
NEW YORK, NY 10261

13-2619259

(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	ACTUARY	147000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CARR, RIGGS & INGRAM, LLC

3700 COLONNADE PKWY, STE. 300
BIRMINGHAM, AL 35243

72-1396621

(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	ACCOUNTANTS	140858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSHUA BREWER

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	101439	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRIEDMAN & ANSPACH

1500 BROADWAY, SUITE 2303
NEW YORK, NY 10036

13-3403675

(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	LEGAL COUNSEL	82099	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEPHANIE M THOMAS

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	72542	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA RODGERS

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	49423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRITTANY L HILL

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	46240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JASON ZOEBELEIN

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	41098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

385 EAST COLORADO BOULEVARD
PASADENA, CA 91101

95-2705767

(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?
	INVESTMENT MANAGEMENT	37657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROSKAUER ROSE, LLP

ELEVEN TIMES SQUARE
NEW YORK, NY 10036

13-1840454

(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	LEGAL COUNSEL	30226	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL MARCO ADVISORS

P.O. BOX 4142 CHURCH STREET STATION
NEW YORK, NY 10261-4142

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORS	27083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KURSTON GRAY

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	26718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TYLER BYARS

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	26563	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VALORIE PACK

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	25907	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SARAH MOSS

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	25468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDA J GRIFFIN

1901 10TH AVE S. PO BOX 55728
BIRMINGHAM, AL 35255

(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?
30	EMPLOYEE	25267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMALGAMATED BANK

275 7TH AVENUE
NEW YORK, NY 10001

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?
51	INVESTMENT MANAGER	10918	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KDW ENTERPRISES, LLC

1130 OAK BOULEVARD
MOODY, AL 35004

04-7343863

(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?
49		8570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIXIE ELECTRIC COMPANY, INC.

580 TRADE CENTER STREET
MONTGOMERY, AL 36108

63-0279539

(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?
49		6113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMALGAMATED BANK

275 7TH AVENUE
NEW YORK, NY 10001

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	CUSTODIAL	2763	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>RETAIL, WHOLESALE & DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY HEALTH AND BENEFIT FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF RWDSIUI HEALTH AND BENEFIT FUND</u>	D Employer Identification Number (EIN) <u>63-0708443</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 VEBA INDEX FU</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4015803-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22224496</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETAIL, WHOLESALE & DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF RWDSIUI HEALTH AND BENEFIT FUND	D Employer Identification Number (EIN) 63-0708443

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1921991	2261697
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4367303	3602450
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1281023	1711969
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2469239	1933336
(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)		
(5) Partnership/joint venture interests	1c(5)	6410188	5214344
(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)	27532297	22224496
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20004118	31444347
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	321057	437763
f Total assets (add all amounts in lines 1a through 1e).....	1f	64307216	68830402
Liabilities			
g Benefit claims payable.....	1g	2704900	3684000
h Operating payables.....	1h	1252882	2195861
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3957782	5879861
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	60349434	62950541

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)	46537137	
(B) Participants.....	2a(1)(B)	112781	
(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)		46649918
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	60412	
(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)	95194	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		155606
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	586514	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		586514
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	871864	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	794926	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		76938
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2834955	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3465332
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		53769263

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47455108	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		47455108
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)	1324754	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	76884	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2311410	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3713048
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51168156

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2601107
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **CARR, RIGGS & INGRAM, LLC**

(2) EIN: **72-1396621**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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



**Retail, Wholesale and Department Store
International Union and Industry
Health and Benefit Fund**

FINANCIAL STATEMENTS

December 31, 2024 and 2023



	Page
REPORT	
Independent Auditor's Report	1
FINANCIAL STATEMENTS	
Basic Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Fund's Benefit Obligations	5
Statements of Changes in Fund's Benefit Obligations	6
Notes to Financial Statements	7
Supplemental Schedules Required by ERISA	
Independent Auditor's Report on Supplemental Schedules Required by ERISA.....	16
Schedule 1: Summary Schedules of Investments, at Fair Value.....	17
Schedule 2: Schedule of Investments – Short-Term Funds Amalgamated Bank, Custodial Bank.....	18
Schedule 3: Schedule of Investments – Commingled Funds Amalgamated Bank, Custodial Bank Amalgamated Financial Corporation, Investment Manager.....	19
Schedule 4: Schedule of Investments – Commingled Funds Amalgamated Bank, Custodial Bank Baird Asset Management, Investment Manager.....	20
Schedule 5: Schedule of Investments – Commingled Funds Amalgamated Bank, Custodial Bank PIMCO All Asset Fund, Investment Manager	21
Schedule 6: Schedule of Investments – Commingled Funds Amalgamated Bank, Custodial Bank Western Asset US Core Plus, LLC, Investment Manager.....	22
Schedule 7: Schedule of Investments – Limited Liability Entities Amalgamated Bank, Custodial Bank American Realty Advisors, Investment Manager	23
Schedule 8: Schedule of Gains and Losses on Disposition of Securities – Cash Basis Amalgamated Bank, Custodial Bank Amalgamated Bank, Investment Manager.....	24



	Page
Supplemental Schedules Required by ERISA (Continued)	
Schedule 9: Schedule of Gains and Losses on Disposition of Securities – Cash Basis	
Amalgamated Bank, Custodial Bank	
Amalgamated Financial Corporation, Investment Manager.....	25
Schedule 10: Schedule of Gains and Losses on Disposition of Securities – Cash Basis	
Amalgamated Bank, Custodial Bank	
American Realty Advisors, Investment Manager	26
Schedule 11: Schedule of Securities Purchased	
Amalgamated Bank, Custodial Bank	
Amalgamated Bank, Investment Manager	27
Schedule 12: Schedule of Securities Purchased	
Amalgamated Bank, Custodial Bank	
Baird Asset Management, Investment Manager	28
Schedule 13: Schedule of Securities Purchased	
Amalgamated Bank, Custodial Bank	
Amalgamated Financial Corporation, Investment Manager.....	29
Schedule 14: Schedule of Securities Purchased	
Amalgamated Bank, Custodial Bank	
PIMCO All Asset Fund, Investment Manager	30
Schedule 15: Schedule of Securities Purchased	
Amalgamated Bank, Custodial Bank	
Western Aset US Core Plus, LLC, Investment Manager	31



REPORT





CARR, RIGGS & INGRAM, L.L.C.

Carr, Riggs & Ingram, L.L.C.
3700 Colonnade Parkway
Suite 300
Birmingham, AL 35243

205.933.7822
205.933.7944 (fax)
CRLadv.com

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Retail, Wholesale and Department Store
International Union and Industry Health and Benefit Fund
Birmingham, Alabama

Opinion

We have audited the accompanying financial statements of Retail, Wholesale and Department Store International Union and Industry Health and Benefit Fund (the Fund), 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 and of fund's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in fund's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and the Fund's benefit obligations of Retail, Wholesale and Department Store International Union and Industry Health and Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations 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. 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 Fund 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 Fund'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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Fund'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 Fund'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.

Carr, Riggs & Ingram, L.L.C.

Carr, Riggs & Ingram, LLC

Birmingham, Alabama
September 24, 2025



FINANCIAL STATEMENTS



**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Statements of Net Assets Available for Benefits**

<i>December 31,</i>	2024	2023
Assets		
Investments at fair value		
Commingled funds	\$ 53,668,843	\$ 47,536,415
Limited liability entities	5,214,344	6,410,188
Short-term funds	1,933,336	2,469,239
Total investments	60,816,523	56,415,842
Cash	2,261,697	1,921,991
Receivables		
Employer contributions	3,602,450	4,367,303
Prescription rebates and other receivables	1,235,324	1,258,048
Other investment receivable	435,859	-
Due from affiliated fund	33,641	12,166
Dividends	7,145	10,809
Total receivables	5,314,419	5,648,326
Interest in Retail, Wholesale and Department Store International Union and Industry Benefit Fund Holdings, LLC	400,000	283,334
Property, plant and equipment		
Office furniture and equipment	294,277	290,559
Less allowance for depreciation	256,514	252,836
Property, plant and equipment, net	37,763	37,723
Total assets	68,830,402	64,307,216
Liabilities		
Accounts payable	2,030,896	1,164,353
Contributions paid in advance	164,965	88,529
Total liabilities	2,195,861	1,252,882
Net assets available for benefits	\$ 66,634,541	\$ 63,054,334

The accompanying notes are an integral part of these financial statements.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Statements of Changes in Net Assets Available for Benefits**

<i>For the years ended December 31,</i>	2024	2023
Additions		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 6,260,558	\$ 5,381,942
Dividends and Interest	646,926	318,891
	6,907,484	5,700,833
Less investment expenses	76,884	75,311
Total investment income, net	6,830,600	5,625,522
Contributions		
Employer	46,537,137	44,623,678
Participants	112,781	264,173
Total contributions	46,649,918	44,887,851
Interest income - delinquent employer contributions		
	95,194	6,077
Other income	116,667	-
Total other income	211,861	6,077
Total additions	53,692,379	50,519,450
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	46,476,008	42,311,550
Claims processing and review expenses	1,324,754	1,351,495
Administrative expenses	2,311,410	2,113,266
Other expenses	-	33,082
Total deductions	50,112,172	45,809,393
Net change	3,580,207	4,710,057
Net assets available for benefits at beginning of year	63,054,334	58,344,277
Net assets available for benefits at end of year	\$ 66,634,541	\$ 63,054,334

The accompanying notes are an integral part of these financial statements.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Statements of Fund's Benefit Obligations**

<i>December 31,</i>	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents		
Health claims payable	\$ 3,684,000	\$ 2,704,900
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Health claims incurred but not reported	350,100	249,500
Future death benefits	8,200	4,500
	358,300	254,000
Fund's total benefit obligations	\$ 4,042,300	\$ 2,958,900

The accompanying notes are an integral part of these financial statements.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Statements of Changes in Fund's Benefit Obligations**

<i>For the years ended December 31,</i>	2024	2023
Amounts Currently Payable to or for Participants Beneficiaries and Dependents		
Balance at beginning of year	\$ 2,704,900	\$ 2,694,100
Claims reported and approved for payment	47,455,108	42,322,350
Claims expense	(46,476,008)	(42,311,550)
Balance at end of year	3,684,000	2,704,900
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Balance at beginning of year	254,000	429,200
Net change during year		
Claims incurred but not reported	100,600	(174,900)
Estimated future death benefits	3,700	(300)
Balance at end of year	358,300	254,000
Fund's total benefit obligations at end of year	\$ 4,042,300	\$ 2,958,900

The accompanying notes are an integral part of these financial statements.

Retail, Wholesale and Department Store International Union and Industry Health and Benefit Fund Notes to Financial Statements

Note 1: DESCRIPTION OF THE FUND

The Retail, Wholesale and Department Store International Union and Industry Health and Benefit Fund (the Fund) was originally established on November 28, 1956. It was amended and restated in its entirety effective as of January 1, 2000. The Fund is a Trust Fund and shall be used for the purpose of providing health benefits, including death benefits, accidental death and dismemberment benefits, disability benefits, hospitalization, surgical and medical benefits for covered entities and their employees, their families and dependents, as determined by the Trustees. All benefits are self-insured. The Fund shall further provide for means for defraying reasonable expenses of its operation and administration.

Participating employers contribute to the Fund the amount determined by the Fund in accordance with their obligation under the Collective Bargaining Agreement (the CBA) between the Union and the individual Employer. Participant contributions are allowed to provide COBRA benefits, and participants pay the full premium rate for COBRA coverage.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Estimates that are particularly susceptible to significant change in the near term are related to fair value of investments and benefit obligations.

Investment Valuation and Income Recognition

Investments are generally reported at fair value, but may also be reported at net asset value (NAV). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements and NAV.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The Fund's Board of Trustees determines the investment and valuation policies utilizing information provided by the Fund's investment consultants.

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 (depreciation) includes the Fund's gains and losses on investments bought and sold as well as held during the year.

Prescription Rebate Receivable

The prescription rebate receivable is determined based on the agreement between the Fund and Express Scripts, Inc. (ESI). ESI provides the Fund with guaranteed rebates in accordance with the agreement. These rebates are used to maintain lower costs to the Fund and ultimately to the participants.

Interest in LLC

The Fund formed an LLC for the purpose of holding the land, building and improvements utilized as the operating quarters for the Fund. The Fund transferred its ownership interest in property located in Birmingham, Alabama to the LLC.

The Trustees have elected to value the LLC at the appraised value of the land, building and improvements due to the investment qualities inherent in the building and its location. The appraised value is in accordance with an independent professional appraisal dated as of November 13, 2024. Changes in appraised value are recognized in other income or loss, as applicable, when updated appraisals are obtained. The Fund recognized \$116,667 and \$0 related to appraised value changes for 2024 and 2023, respectively.

Property, Plant and Equipment

Office furniture and equipment are recorded at cost. Depreciation utilizing the straight-line method is provided on the cost of the depreciable assets over their estimated service lives, ranging from 5 to 15 years.

Depreciation expense was \$3,678 and \$3,801 for 2024 and 2023, respectively.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Other Fund Benefits

Fund obligations at December 31 for health claims incurred by active participants, but not reported at that date and for future estimated death benefits are estimated by the Fund's actuaries in accordance with accepted actuarial principles. These estimates are calculated based on formulas representative of reasonable levels of claims established by industry standards and actuarial assumptions. Such estimated amounts are reported in the accompanying statement of the Fund's obligations at present value.

The medical claims processor, Blue Cross and Blue Shield, has indicated that the medical cost trend rate for purposes of measuring the expected cost of providing health care benefits for the year ended December 31, 2024 was for costs to increase by approximately 5.5%. They have indicated that the current medical trend rate is for health care (including prescription drug) costs to increase by approximately 7.49% during the year ending December 31, 2025 for covered services.

Plan Expenses

Expenses incurred in administration or operation of the Fund are paid by the Fund.

Risks and Uncertainties

The Fund invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Fund's financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee 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.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The Fund has evaluated subsequent events through the date that the financial statements were available to be issued, September 24, 2025, and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Note 3: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- 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; or
 - can be corroborated by observable market data.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 3: FAIR VALUE MEASUREMENTS (Continued)

Commingled Funds – Valued at the fair value of shares held by the Fund at year-end. If the value of the commingled fund within the Fund is identical to the value of the fund if it were purchased outside of the Fund, it is considered a Level 1 security. If the value of the commingled fund within the Fund is not identical to the value of the fund if it were purchased outside of the Fund, the security is measured at NAV.

Limited Liability Entities – The value is based on the NAV per share. The NAV is based upon the fair value of the underlying investments where available. The ability of the underlying funds to withdraw prior to the termination of the Fund is also evaluated.

Short-term Funds – The value is calculated using a pricing model, which maximizes the use of observable inputs. If the value of the short-term fund held is actively traded, it is considered a Level 1 security.

Assets measured at NAV are exempt from classification within the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Fund’s assets at fair value as of December 31, 2024 and 2023:

Description	Quoted Prices In Active Markets For Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2024				
Commingled funds	\$ 15,255,394	\$ -	\$ -	\$ 15,255,394
Short-term funds	1,933,336	-	-	1,933,336
Total	\$ 17,188,730	\$ -	\$ -	17,188,730
Investments measured at NAV				
Commingled funds				38,413,449
Limited liability entities				5,214,344
Total investments				\$ 60,816,523

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 3: FAIR VALUE MEASUREMENTS (Continued)

Description	Quoted Prices In Active Markets For Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
<i>December 31, 2023</i>				
Commingled funds	\$ 8,197,804	\$ -	\$ -	\$ 8,197,804
Short-term funds	2,469,239	-	-	2,469,239
Total	\$ 10,667,043	\$ -	\$ -	10,667,043
Investments measured at NAV				
Commingled funds				39,338,611
Limited liability entities				6,410,188
Total investments				\$ 56,415,842

Changes in Fair Value Levels

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.

Management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2, or 3.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 3: FAIR VALUE MEASUREMENTS (Continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2024 and 2023, respectively:

Description	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
December 31, 2024				
Commingled funds	\$ 38,413,449	\$ -	Daily	1 - 3 days
Limited liability entities	\$ 5,214,344	\$ -	Quarterly	None
Description	Fair Value		Redemption Frequency	Redemption Notice Period
December 31, 2023				
Commingled funds	\$ 39,338,611	\$ -	Daily	1 - 3 days
Limited liability entities	\$ 6,410,188	\$ -	Quarterly	None

Commingled Funds – The commingled funds invest in U.S. and foreign government debt, large-cap equities, corporate debt, mortgage-backed securities, and derivatives.

Limited Liability Entities – The limited liability entities invest in a diversified core real estate fund that invest in private real estate. The Fund has quarterly liquidity subject to available cash flows.

Note 4: SUMMARY OF INVESTMENTS

The following table presents the fair values of investments:

Investments	December 31, 2024			2023
	Cost or Carrying Value	Fair Value	Increase (Decrease)	Fair Value
Commingled funds	\$ 42,426,846	\$ 53,668,843	\$ 11,241,997	\$ 47,536,415
Limited liability entities	4,774,813	5,214,344	439,531	6,410,188
Short-term funds	1,933,336	1,933,336	-	2,469,239
Total	\$ 49,134,995	\$ 60,816,523	\$ 11,681,528	\$ 56,415,842

During 2024 and 2023, the Fund's investments, including investments bought and sold as well as held during the year, appreciated in value by \$6,260,558 and \$5,381,942 respectively.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 5: TAX STATUS

The Internal Revenue Service has determined and informed the Fund by a letter dated October 7, 2009, that the Fund and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Fund is not aware of any action or series of events that have occurred that might adversely affect the Fund's qualified status. Therefore, no provision for income taxes has been included in the Fund's financial statements.

Note 6: SUMMARY OF FUNDING POLICY

The employers contribute to the Fund the amount determined by the Fund in accordance with their obligation under the CBA between the Union and the Employer. The rate of contributions shall at all times be governed by the CBA then in force and effect, together with any amendments or modifications thereto.

The benefits to be provided shall be determined by the Trustees and based on reasonable actuarial assumptions as to what the Fund can provide without undue depletion or excessive accumulation. The Agreement and Declaration of Trust provides that no pension or annuity benefits may be provided for or paid from this Fund.

Note 7: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Health and Benefit Fund is affiliated with the Retail, Wholesale and Department Store International Union and Industry Pension Fund (Pension Fund) with whom it shares office space, office equipment and certain expenses, which are applicable to both Funds, and is affiliated with the Retail, Wholesale and Department Store Union Fraternal Realty Corporation, Inc. to whom it pays building maintenance and management fees.

As of December 31, 2024 and 2023, amounts due (to) from the Pension Fund were \$33,641 and \$12,166, respectively. Additionally, for the years ended December 31, 2024 and 2023, maintenance and management fees paid to RWDSU Fraternal Realty Corporation, Inc. totaled \$32,074 and \$27,343, respectively.

Note 8: TERMINATION PRIORITIES

The Agreement and Declaration of Trust may be terminated by written instrument executed by all Trustees when there is no longer a CBA in force and effect between any Employer and the Union requiring contributions to the Fund. It may also be terminated by written instrument duly executed by the Employers and the Union.

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
Notes to Financial Statements**

Note 8: TERMINATION PRIORITIES (Continued)

In the event of termination of the Agreement and Declaration of Trust, the Trustees shall apply the available monies to pay for any and all obligations of the Fund and shall distribute any remaining funds among the participants in accordance with ERISA. Under no circumstances shall any portion of the corpus or income of the Fund, directly or indirectly, revert or accrue to the benefit of any contributing Employer or Union.

Note 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

<i>December 31,</i>	2024	2023
Net assets available for benefits per the financial statements	\$ 66,634,541	\$ 63,054,334
Less benefit obligations currently payable	3,684,000	2,704,900
Net assets available for benefits per the Form 5500	\$ 62,950,541	\$ 60,349,434

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

<i>For the years ended December, 31</i>	2024	2023
Benefits expense per the financial statements	\$ 46,476,008	\$ 42,311,550
Add amounts payable at end of year	3,684,000	2,704,900
Less amounts payable at beginning of year	2,704,900	2,694,100
Benefits paid to participants per the Form 5500	\$ 47,455,108	\$ 42,322,350

Note 10: CONCENTRATIONS OF CREDIT RISK

The Fund maintains its cash and cash equivalents in a large, publicly traded financial institution. The balances are insured by the Federal Deposit Insurance Corporation (FDIC). The nature of the Fund's business requires that it maintain amounts which, at times, may exceed federally insured limits. The Fund has not experienced any losses in such accounts.



SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA





CARR, RIGGS & INGRAM, L.L.C.

Carr, Riggs & Ingram, L.L.C.

3700 Colonnade Parkway

Suite 300

Birmingham, AL 35243

205.933.7822

205.933.7944 (fax)

CRIadv.com

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

Board of Trustees
Retail, Wholesale and Department Store
International Union and Industry Health and Benefit Fund
Birmingham, Alabama

We have audited the financial statements of Retail, Wholesale and Department Store International Union and Industry Health and Benefit Fund as of and for the years ended December 31, 2024 and 2023, and our report thereon dated September 24, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 2.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of investments, schedules of gains and losses on disposition of securities, and schedules of securities purchased contained on pages 17 through 31 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

Carr, Riggs & Ingram, L.L.C.

Carr, Riggs & Ingram, L.L.C.

Birmingham, Alabama
September 24, 2025

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 1
Summary Schedules of Investments, at Fair Value**

<i>December 31,</i>	2024	2023
Commingled Funds		
Investments managed by:		
Amalgamated Financial Corporation	\$ 22,224,496	\$ 27,532,297
Baird Asset Management	9,309,369	5,875,420
PIMCO All Asset Fund	5,946,025	2,322,383
Western Asset US Core Plus, LLC	16,188,953	11,806,315
Total commingled funds	53,668,843	47,536,415
Limited Liability Entities		
Investments managed by:		
American Realty Advisors	5,214,344	6,410,188
Short-Term Funds		
Investments managed by:		
Amalgamated Financial Corporation	1,933,336	2,469,239
Total investments, at fair value	\$ 60,816,523	\$ 56,415,842

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 2
Schedule of Investments - Short-Term Funds
Amalgamated Bank, Custodial Bank**

December 31, 2024

Face Amount	Short-Term Funds	Cost	Fair Value
	Dreyfus Government Cash Management		
\$ 1,933,336	Fund	\$ 1,933,336	\$ 1,933,336

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 3
Schedule of Investments - Commingled Funds
Amalgamated Bank, Custodial Bank
Amalgamated Financial Corporation, Investment Manager**

December 31, 2024

Number Units	Commingled Funds	Fund Cost	Fair Value
23,318	Longview Largecap 500 VEBA Index Fund	\$ 15,141,420	\$ 22,224,496

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 4
Schedule of Investments - Commingled Funds
Amalgamated Bank, Custodial Bank
Baird Asset Management, Investment Manager**

December 31, 2024

Number Units	Commingled Funds	Fund Cost	Fair Value
984,077	Baird Short-Term Bond Fund	\$ 9,491,297	\$ 9,309,369

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 5
Schedule of Investments - Commingled Funds
Amalgamated Bank, Custodial Bank
PIMCO All Asset Fund, Investment Manager**

December 31, 2024

Number Units	Commingled Funds	Fund Cost	Fair Value
549,540	PIMCO All Asset Fund	\$ 6,346,941	\$ 5,946,025

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 6
Schedule of Investments - Commingled Funds
Amalgamated Bank, Custodial Bank
Western Asset US Core Plus, LLC, Investment Manager**

December 31, 2024

Number Units	Commingled Funds	Fund Cost	Fair Value
728,379	Western Asset US Core Plus, LLC	\$ 11,447,188	\$ 16,188,953

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund
EIN: 63-0708443**

**Schedule 7
Schedule of Investments - Limited Liability Entities
Amalgamated Bank, Custodial Bank
American Realty Advisors, Investment Manager**

December 31, 2024

Number Units	Limited Liability Entities	Fund Cost	Fair Value
44	American Core Realty Fund, LP	\$ 4,774,813	\$ 5,214,344

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

Schedule 8
Schedule of Gains and Losses on Disposition of Securities - Cash Basis
Amalgamated Bank, Custodial Bank
Amalgamated Bank, Investment Manager

For the year ended December 31, 2024

Number Units	Short-Term Funds	Fund Cost	Selling Price	Gain (Loss)
8,637,164	Dreyfus Government Cash Management Fund	\$ 8,637,164	\$ 8,637,164	\$ -

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 9
Schedule of Gains and Losses on Disposition of Securities - Cash Basis
Amalgamated Bank, Custodial Bank
Amalgamated Financial Corporation, Investment Manager**

For the year ended December 31, 2024

<u>Number Units</u>	<u>Commingled Funds</u>	<u>Fund Cost</u>	<u>Selling Price</u>	<u>Gain (Loss)</u>
12,792	Longview Largecap 500 VEBA Index Fund	\$ 8,305,969	\$ 11,771,301	\$ 3,465,332

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 10
Schedule of Gains and Losses on Disposition of Securities - Cash Basis
Amalgamated Bank, Custodial Bank
American Realty Advisors, Investment Manager**

For the year ended December 31, 2024

<u>Number Units</u>	<u>Limited Liability Entities</u>	<u>Fund Cost</u>	<u>Selling Price</u>	<u>Gain (Loss)</u>
7	American Core Realty Fund, LP	\$ 794,926	\$ 871,864	\$ 76,938

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 11
Schedule of Securities Purchased
Amalgamated Bank, Custodial Bank
Amalgamated Bank, Investment Manager**

For the year ended December 31, 2024

Amount	Short-Term Funds	Cost
\$ 8,101,261	Dreyfus Government Cash Management Fund	\$ 8,101,261

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 12
Schedule of Securities Purchased
Amalgamated Bank, Custodial Bank
Baird Asset Management, Investment Manager**

For the year ended December 31, 2024

Number Units	Commingled Funds	Fund Cost
359,697	Baird Short-Term Bond Fund	\$ 3,421,423

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 13
Schedule of Securities Purchased
Amalgamated Bank, Custodial Bank
Amalgamated Financial Corporation, Investment Manager**

For the year ended December 31, 2024

Number Units	Commingled Funds	Fund Cost
2	Longview Largecap 500 VEBA Index Fund	\$ 1,505

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 14
Schedule of Securities Purchased
Amalgamated Bank, Custodial Bank
PIMCO All Asset Fund, Investment Manager**

For the year ended December 31, 2024

Number Units	Commingled Funds	Fund Cost
338,606	PIMCO All Asset Fund	\$ 3,787,825

**Retail, Wholesale and Department Store International Union
and Industry Health and Benefit Fund**

**Schedule 15
Schedule of Securities Purchased
Amalgamated Bank, Custodial Bank
Western Asset US Core Plus, LLC, Investment Manager**

For the year ended December 31, 2024

Number Units	Commingled Funds	Fund Cost
196,323	Western Asset US Core Plus, LLC	\$ 4,400,000

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

(A) FUND	INVESTMENT MANAGER	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	FACE AMOUNT	RATE (D) COST	(E) CURRENT VALUE
<u>INTEREST BEARING CASH</u>						1.00
RWDA	AMALGAMATED BANK	AB0662242	Dreyfus Government Cash Management Fund	1,933,336	1,933,336	1,933,336
<u>ASSET CATEGORY TOTAL</u>				1,933,336	1,933,336	1,933,336

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

(A) FUND	INVESTMENT MANAGER	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	UNITS	PRICE	(D) COST	(E) CURRENT VALUE
<u>PARTNERSHIP/JOINT VENTURE INTERESTS</u>							
RWDA	AMERICAN REALTY ADVISORS	AB1113112	AMERICAN CORE REALTY FUND, LP	44	119,596.15	4,774,813	5,214,344
ASSET CATEGORY TOTAL				-	44	4,774,813	5,214,344

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

(A) FUND	INVESTMENT MANAGER	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	UNITS	PRICE	(D) COST	(E) CURRENT VALUE
<u>COMMON/COLLECTIVE TRUSTS</u>							
RWDA	AMALGAMATED BANK	037207479	LONGVIEW LARGE CAP 500 VEBA INDEX FUND	23,318	953.10	15,141,420	22,224,496
ASSET CATEGORY TOTAL				-		15,141,420	22,224,496

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

(A) FUND	INVESTMENT MANAGER	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	UNITS	PRICE	(D) COST	(E) CURRENT VALUE
<u>REGISTERED INVESTMENT COMPANIES</u>							
RWDA	BAIRD ASSET MANAGEMENT	057071409	BAIRD SHORT-TERM BOND FUND	984,077	9.46	9,491,297	9,309,369
RWDA	PIMCO ALL ASSET FUND	722005626	PIMCO ALL ASSET FUND	549,540	10.82	6,346,941	5,946,025
RWDA	WESTERN ASSET US CORE PLUS, LLC	W23000016	WESTERN ASSET US CORE PLUS LLC	728,379	22.23	11,447,188	16,188,953
ASSET CATEGORY TOTAL				-		27,285,426	31,444,346

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	1,933,336	1,933,336	1,933,336
PARTNERSHIP-JOINT VENTURE INTERESTS	44	4,774,813	5,214,344
COMMON/COLLECTIVE TRUSTS	23,318	15,141,420	22,224,496
REGISTERED INVESTMENT COMPANIES	2,261,996	27,285,426	31,444,346
GRAND TOTALS	4,218,694	49,134,994	60,816,523

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party								(H) Current Value	
#PUR	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	on Transaction Date	(I) Gain/Loss
INTEREST BEARING CASH									
Amalgamated Bank									
26	8,101,261	9	Dreyfus Govt. Cash Management Fund	8,637,164	-	8,637,164	35	16,738,425	-
INTEREST BEARING CASH TOTALS									
26	8,101,261	9		8,637,164	-	8,637,164	35	16,738,425	-

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party #PUR	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
COMMON/COLLECTIVE TRUSTS									
Amalgamated Bank 3	1,505	6	Longview Largecap 500 VEBA Index Fund	11,771,301	-	8,305,969	9	11,772,806	3,465,332
<u>COMMON/COLLECTIVE TRUST TOTALS</u>									
3	1,505	6		11,771,301	-	8,305,969	9	11,772,806	3,465,332

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
REGISTERED INVESTMENT COMPANIES									
Amalgamated Bank									
14	3,421,423	-	Baird Short-Term Bond Fund		-		14	3,421,423	-
5	3,787,825	-	Pimco All Asset Fund				5	3,787,825	-
1	4,400,000	-	Western Asset US Core Plus, LLC				1	4,400,000	-
REGISTERED INVESTMENT COMPANY TOTALS									
20	11,609,248	-			-	-	20	11,609,248	-

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
BEGINNING NET ASSET VALUE: 56,415,842
5% OF ASSET VALUE: 2,820,792

#PUR	(B) Asset Category (C) Purchase Price	#SALE	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
INTEREST BEARING CASH								
26	8,101,261	9	8,637,164	-	8,637,164	35	16,738,425	-
	-		-	-	-		-	-
COMMON/COLLECTIVE TRUSTS								
3	1,505	6	11,771,301	-	8,305,969	9	11,772,806	3,465,332
REGISTERED INVESTMENT COMPANIES								
20	11,609,248	-	-	-	-	20	11,609,248	-
<u>REPORTABLE TRANSACTION TOTALS</u>								
49	19,712,014	15	20,408,465	-	16,943,133	64	40,120,479	3,465,332

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party #PUR	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
INTEREST BEARING CASH									
Amalgamated Bank						-	-	-	-
1	3,100,000	1	Dreyfus Govt. Cash Mgmt. Fund	6,372,734	-	6,372,734	2	9,472,734	-
INTEREST BEARING CASH TOTALS									
1	3,100,000	1		6,372,734	-	6,372,734	2	9,472,734	-

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party								(H) Current Value	
#PUR	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	on Transaction Date	(I) Gain/Loss
COMMON/COLLECTIVE TRUSTS									
Amalgamated Bank									
0		1	Longview Largecap 500 VEBA Index Fund	9,760,000	-	6,701,008	1	9,760,000	3,058,992
<u>COMMON/COLLECTIVE TRUST TOTALS</u>									
-	-	1		9,760,000	-	6,701,008	1	9,760,000	3,058,992

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
 HEALTH AND BENEFIT FUND
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 56,415,842
 5% OF ASSET VALUE: 2,820,792

(A) Identity of Issuer/Party	(C) Purchase Price	#SALE	(B) Description of Asset	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
REGISTERED INVESTMENT COMPANIES									
Amalgamated Bank									
1	3,100,000	-	Baird Short-Term Bond Fund				1	3,100,000	-
1	3,660,000	-	Pimco All Asset Fund				1	3,660,000	-
1	4,400,000	-	Western Asset US Core Plus, LLC				1	4,400,000	-
REGISTERED INVESTMENT COMPANY TOTALS									
3	11,160,000	-		-	-	-	3	11,160,000	-

RWDSU INTERNATIONAL - PLAN YEAR ENDING 12/31/2024
HEALTH AND BENEFIT FUND
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
BEGINNING NET ASSET VALUE: 56,415,842
5% OF ASSET VALUE: 2,820,792

#PUR	(B) Asset Category (C) Purchase Price	#SALE	(D) Selling Price	(F) Expenses Incurred	(G) Cost of Asset	#TOTAL	(H) Current Value on Transaction Date	(I) Gain/Loss
INTEREST BEARING CASH								
1	3,100,000	1	6,372,734	-	6,372,734	2	9,472,734	-
COMMON/COLLECTIVE TRUSTS								
0	-	1	9,760,000	-	6,701,008	1	9,760,000	3,058,992
REGISTERED INVESTMENT COMPANIES								
3	11,160,000	-	-	-	-	3	11,160,000	-
REPORTABLE TRANSACTION TOTALS								
4	14,260,000	2	16,132,734		13,073,742	6	30,392,734	3,058,992