

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMALGAMATED RETAIL RETIREMENT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND</u></p> <p><u>305 7TH AVENUE</u> <u>305 7TH AVENUE</u> <u>7TH FLOOR</u> <u>7TH FLOOR</u> <u>NEW YORK, NY 10001-6443</u> <u>NEW YORK, NY 10001-6443</u></p>	<p>1c Effective date of plan <u>09/01/1948</u></p> <p>2b Employer Identification Number (EIN) <u>13-1599961</u></p> <p>2c Plan Sponsor's telephone number <u>212-475-3131</u></p> <p>2d Business code (see instructions) <u>448110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	FRED KAPLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1379
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)	19
	6a(2)	20
	6b	458
	6c	824
	6d	1302
	6e	57
	6f	1359
	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	2

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input 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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMALGAMATED RETAIL RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-1599961</u>	

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

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

b Assets		
(1) Current value of assets	1b(1)	<u>34884466</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>38412370</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>35276183</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>35239165</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>55832373</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>443158</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>3054775</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>2908553</u>

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

SIGN HERE	
Signature of actuary	<u>10/09/2025</u>
<u>JONATHAN M. FELDMAN</u>	<u>20-06980</u>
Type or print name of actuary	Date
<u>HORIZON ACTUARIAL SERVICES, LLC</u>	Most recent enrollment number
Firm name	<u>240-247-4600</u>
<u>8601 GEORGIA AVENUE, SUITE 700</u> <u>SILVER SPRING, MD 20910</u>	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	34884466
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	517	26445274
(2) For terminated vested participants	843	28537971
(3) For active participants:		
(a) Non-vested benefits		230980
(b) Vested benefits		618148
(c) Total active	19	849128
(4) Total	1379	55832373
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	62.48 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	83484	0			
Totals ▶			3(b)	83484	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	109.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	4.75 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	350000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2037088	209029
4	209757	21524

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	377447

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	8255874	1361468
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		121724
e Total charges. Add lines 9a through 9d.....	9e		1860639
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		6411790
g Employer contributions. Total from column (b) of line 3.....	9g		83484
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	4980271	651285
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		497337
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	7683620	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11575915	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		7643896
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		5783257
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

A Name of plan AMALGAMATED RETAIL RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND	D Employer Identification Number (EIN) 13-1599961	

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

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

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

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

SCHULTE ROTH & ZABEL LLP

13-2633996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	730074	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)

SEGAL MARCO ADVISORS

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 50	NONE	57000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	54491	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)

NY NJ REGIONAL JOINT BOARD

13-4908365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	AFFILIATED UNION	51600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED EMPLOYEE BENEFIT ADMINI

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	44928	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)

MESIROW FINANCIAL

61-1788272

(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?
	NONE	40000	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)

ROGOFF & COMPANY, PC

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28176	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)

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16107	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)

LOOMIS SAYLES

20-8080381

(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	NONE	14606	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)

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	7092	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 50		6583	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)

ALLIANCEBERNSTEIN LP

13-4064930

(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 68	NONE	0	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"/>

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMALGAMATED RETAIL RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-1599961</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: MULTI-EMPLOYER PROPERTY TRUST

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

c EIN-PN <u>30-0872552-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4675980</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MID CAP 3000 INDEX FUND

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

c EIN-PN <u>13-4920330-009</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>9153350</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMALGAMATED RETAIL RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND	D Employer Identification Number (EIN) 13-1599961

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	308799	275416
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14049	16994
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3692	1361
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	395758	585197
(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)	5961311	5516120
(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)	10001389	13829330
(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)	14225485	8444705
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4488636	4627403

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	13670	13458
f Total assets (add all amounts in lines 1a through 1e).....	1f	35412789	33309984
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	528323	43922
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	528323	43922
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34884466	33266062

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)	83484	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		83484
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8171	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8171
(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)	450128	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		450128
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	261742	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	108019	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		153723
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	162617	
(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)		991821
(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)		146515
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1996459

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2453333	
(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)		2453333
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)	44928	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28176	
(5) Investment advisory and investment management fees	2i(5)	140958	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	54491	
(8) Legal fees	2i(8)	730074	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	162903	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1161530
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3614863

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1618404
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: **ROGOFF & COMPANY, PC**

(2) EIN: **13-2688836**

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		500000
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 552740.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan AMALGAMATED RETAIL RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND	D Employer Identification Number (EIN) 13-1599961	

Part I	Distributions
---------------	----------------------

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

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

1	
----------	--

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

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

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

3	0
----------	----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ROTHMAN
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF PAYROLL

a Name of contributing employer PAUL STUART, INC
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2024
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF PAYROLL

a Name of contributing employer
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN
c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 37.3 % Private Equity: 14.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.3 %
 High-Yield Debt: 3.0 % Real Assets: 14.2 % Cash or Cash Equivalents: _____ % Other: 7.6 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

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

Independent Auditor's Report

Board of Trustees
Amalgamated Retail Retirement Fund
New York, NY

Opinion

We have audited the financial statements of Amalgamated Retail Retirement 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Amalgamated Retail Retirement Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Amalgamated Retail Retirement 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 Amalgamated Retail Retirement Fund ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Amalgamated Retail Retirement 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 Amalgamated Retail Retirement 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.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 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 GAAS.

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.

Rogoff & Company PC

New York, New York
October 14, 2025

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Name Retirement Plan of the Amalgamated Retail Retirement Fund

Plan Sponsor Trustees of the Amalgamated Retail Retirement Fund

EIN / PN 13-1599961 / 001

Effective Date and Most Recent Amendment The Plan was most recently amended effective January 28, 2021.

Plan Year The twelve-month period beginning January 1 and ending December 31.

Employers A participating employer is an employer who is obligated to contribute to the Plan for retirement purposes as a result of a collective bargaining agreement between the employer and Workers United Local 340.

Participants All employees working in covered employment for a signatory employer are eligible to participate in the Plan on the first January 1st or July 1st after completing a year of Covered Employment of at least 1,000 hours of service.

Pension Credit Pension Credit is used for purposes of determining participation in the Plan, vesting, and eligibility for retirement and other benefits.

One year of credit is given for any year in which an employee works 1,000 hours in covered employment, with no partial credit given.

A year of past service credit is given for any year in which any employee is employed by an employer for at least 1,000 hours prior to the employer’s participation in the Fund, to a maximum of five years.

Vesting Service Same as for Pension Credit above.



Schedule MB, Line 6 – Summary of Plan Provisions

Normal Retirement Age A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant’s Plan participation.

Break-in-Service Completion of less than 500 hours of service in a Plan Year.

Note: For non-vested benefits, cancellation of Pension Credit occurs after the greater of (i) five consecutive Break-in-Service years or (ii) the number of aggregate Plan Years for which the employee has received Past or Future Service Credit.

Normal Pension-Eligibility A participant becomes eligible at his Normal Retirement Age.

Normal Pension – Amount of Benefit The monthly amount of the Regular Pension is equal to the sum of:

- 1) \$10.00 for each year of Credited Service, plus
- 2) 0.10% of Covered Average Annual Earnings per year of service, to a maximum of 10 years. Covered Average Annual Earnings equal the employee’s high five-consecutive-year average salary out of the final ten years of service, rounded down to the nearest \$1,000.

The maximum monthly benefit payable is \$1,000.

Early Retirement Pension – Eligibility Age 62 with at least 5 years of Pension Credit.

Early Retirement Pension – Amount of Benefit The calculated Normal Pension reduced by 5/9ths of one percent for each month the retiring employee is under age 65.

Disability Pension – Eligibility Permanent and total disability, at least 15 Years of Pension Credit, and disability award from the Social Security Administration within nine months of last date of Covered Employment.



Schedule MB, Line 6 – Summary of Plan Provisions

Disability Pension – Amount of Benefit Unreduced Normal Pension based on service and pay at time of disability.

Vested Benefit A Participant’s benefits become 100% vested upon completing 5 years of Covered Employment, or by attaining Normal Retirement Age.

The amount of the vested pension equals the Normal Pension above, before applying the \$1,000 maximum, pro-rated by multiplying the Participant’s years of credited service divided by the Participant’s projected years of credited service at Normal Retirement Age, calculated as if he had continued in covered employment until his Normal Retirement Age.

The maximum monthly benefit payable is \$1,000.

Late Retirement Participants retiring after their Normal Retirement Date receive the greater of:

- 1) The accrued benefit calculated based on all service and compensation through the date of retirement, or
- 2) The accrued benefit based on service and compensation through Normal Retirement Date, actuarially increased from Normal Retirement Date to the retirement date.

Pre-Retirement Death Benefits *Spouse's Benefit*

If a deceased married participant had not retired but had met the service requirement for an Early or Normal Pension, his spouse receives a survivor’s annuity. The survivor’s annuity is payable for life, commencing when the participant would have reached the earliest eligible age for an Early or Normal Pension. The monthly amount is the survivor’s portion of the Regular Pension earned through the date of death based on a 50% Joint and Survivor Annuity.



Schedule MB, Line 6 – Summary of Plan Provisions

Forms of Payment *Normal Form*

- (a) For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor Annuity unless this form is rejected by a Participant and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form.
- (b) For non-married participants, benefits are payable as a Life Annuity. Benefits are payable for the life of the Participant without reduction.

Optional Forms

75% Joint and Survivor Annuity

Actuarial Equivalence

Amounts payable in forms other than the Single Life Annuity are converted based on the following factors:

50% Joint and Survivor 89%, plus or minus 0.4% for each year spouse is older or younger than the participant, with minimum factor of 82% and maximum factor of 98%.

75% Joint and Survivor 85%, plus or minus 0.6% for each year spouse is older or younger than the participant, with minimum factor of 75% and maximum factor of 98%.

Change in Plan Provisions

None.



Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		<i>Short-term obligations</i>		
	Amalgamated Bank	Money Market	\$ 127,604	\$ 127,604
	JP Morgan	JP Morgan Prime Money Market Fund	107	107
	Dreyfus	Dreyfus Govt Cash Management	457,487	457,487
				<u>585,197</u>
		<i>Mutual funds</i>		
	Legg Mason Global Asset Management	Western Asset Core Plus Bond FD CL IS, 589,372.64 Shares	6,298,042	5,345,610
	Neuberger	Neuberger Berman Int'l Eqty-Inst FD, 247,136.83 Shares	2,631,432	3,099,095
				<u>8,444,705</u>
		<i>Common collective trust</i>		
	Amalgamated Bank	Longview Broad Market 3000 Index Fund, 19,781.396 Shares	8,442,074	\$ 9,153,350
	New Tower Trust Company	Multi Employer Property Trust, 371.7334 Shares	1,631,141	4,675,980
				<u>13,829,330</u>
		<i>Others</i>		
	Loomis Sayles & Company L.P.	NHIT: MultiSector Full Discretion Trust, 124,836.383 Shares	2,604,087	\$ 3,305,667
	Maitland Administration Limited	Entrust Capital Diversified Fund, 1,295.1868 Shares	112,705	12,502
	CITCO Fund Services	ENTRUSTPERMAL Special OPP Fund IV LTD, 1,242.5698 Shares	1,193,371	1,309,234
	Hamilton Lane Strategic Opportunities Offshore Fund IV	Limited Partnership	778,988	660,329
	Mesirow Financial Private Equity VII-A, L.P.	Limited Partnership	3,011,353	4,855,791
		Total Investments		<u><u>\$ 33,002,755</u></u>

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

Measurement Date: January 1, 2024

Years of Credited Service

Age	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	3	-	-	-	-	-	-	-	-	3
Average Comp.	-	-	-	-	-	-	-	-	-	-
25 - 29	2	1	-	-	-	-	-	-	-	3
Average Comp.	-	-	-	-	-	-	-	-	-	-
30 - 34	-	-	-	-	-	-	-	-	-	-
Average Comp.	-	-	-	-	-	-	-	-	-	-
35 - 39	-	1	-	-	-	-	-	-	-	1
Average Comp.	-	-	-	-	-	-	-	-	-	-
40 - 44	1	-	-	1	-	-	-	-	-	2
Average Comp.	-	-	-	-	-	-	-	-	-	-
45 - 49	-	-	-	-	-	-	-	-	-	-
Average Comp.	-	-	-	-	-	-	-	-	-	-
50 - 54	2	2	-	-	-	-	-	-	-	4
Average Comp.	-	-	-	-	-	-	-	-	-	-
55 - 59	1	-	-	-	-	-	2	-	-	3
Average Comp.	-	-	-	-	-	-	-	-	-	-
60 - 64	-	-	1	-	-	-	1	-	-	2
Average Comp.	-	-	-	-	-	-	-	-	-	-
65 - 69	1	-	-	-	-	-	-	-	-	1
Average Comp.	-	-	-	-	-	-	-	-	-	-
70 +	-	-	-	-	-	-	-	-	-	-
Average Comp.	-	-	-	-	-	-	-	-	-	-
Total	10	4	1	1	-	-	3	-	-	19
Average Comp.	-	-	-	-	-	-	-	-	-	-

Note

As of January 1, 2024, there were no active participants with an unknown date of birth in the data.



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

Charges

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Amendment	1/1/1999	30.00	*	5.00	\$ 717,826	\$ 163,618
Amendment	1/1/2010	15.00	*	1.00	7,554	7,554
Exper Loss	1/1/2011	15.00	*	2.00	235,907	121,941
Amendment	1/1/2012	15.00	*	3.00	56,606	20,159
Exper Loss	1/1/2012	15.00	*	3.00	334,055	118,965
Exper Loss	1/1/2013	15.00	1,892,994	4.00	707,255	195,142
Assumption	1/1/2016	15.00	310,053	7.00	184,236	31,949
Exper Loss	1/1/2016	15.00	695,906	7.00	413,512	71,709
Exper Loss	1/1/2017	15.00	191,737	8.00	126,123	19,740
Exper Loss	1/1/2018	15.00	169,317	9.00	121,417	17,416
Exper Loss	1/1/2019	15.00	640,437	10.00	494,669	65,822
Assumption	1/1/2021	15.00	1,910,763	12.00	1,666,308	196,067
Exper Loss	1/1/2023	15.00	982,666	14.00	943,561	100,833
Exper Loss	1/1/2024	15.00	2,037,088	15.00	2,037,088	209,029
Assumption	1/1/2024	15.00	209,757	15.00	209,757	21,524
Total Charges					\$ 8,255,874	\$ 1,361,468

Credits

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Exper Gain	1/1/2015	15.00	\$ 1,473,307	6.00	\$ 774,999	\$ 151,954
Exper Gain	1/1/2020	15.00	1,605,015	11.00	1,322,476	164,824
Exper Gain	1/1/2021	15.00	2,383,707	12.00	2,078,746	244,596
Exper Gain	1/1/2022	15.00	876,229	13.00	804,050	89,911
Total Credits					\$ 4,980,271	\$ 651,285
Net Total					\$ 3,275,603	\$ 710,183

See the comments following this Exhibit.



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

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

Different types of amortization bases are as follows:

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



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

The change in age for excluding inactive vested participants was made to more accurately reflect the anticipated experience of the plan.

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



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

Plan Name Retirement Plan of the Amalgamated Retail Retirement Fund

Plan Sponsor Trustees of the Amalgamated Retail Retirement Fund

EIN / PN 13-1599961 / 001

Interest Rates 7.00% per annum, compounded annually, net of investment expenses for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan’s asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan’s investment advisor. The ultimate selection of the interest rate reflects professional judgment.

3.29% per annum for determining Current Liability for the plan year beginning January 1, 2024.

The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code.

Retirement Age Active participants:

Age	Retirement Rate
62	10.0%
63	7.0%
64	7.0%
65+	100.0%

Inactive vested participants: Age 65

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



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

Operating Expenses A normal cost load of \$350,000 payable as of beginning of year (equivalent to \$362,250 payable as of middle of year).

Expected expenses are based on actual prior and anticipated future experience.

Weighted Average Retirement Age The weighted average retirement age for active participants is age 64.83. This average is based on the active population in the January 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Active Participant For valuation purposes, an active participant is a participant who has at least one year of Credited Service, who worked at least 500 hours in the most recent plan year, and had not retired or terminated as of the valuation date.

Inactive Vested Participants over Age 72 Inactive vested participants older than age 72 are excluded from the valuation on the assumption that they are deceased or otherwise will not claim benefits under the Plan.

Non-Disabled Mortality For plan funding under ERISA and for ASC 960, the sex-distinct RP-2014 Mortality Table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020 was used.

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

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



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

Disabled Mortality

Illustrations of the annual rates of disabled mortality are shown in the table below for selected ages:

Age	Males	Females
20	0.95%	0.90%
25	0.95%	0.90%
30	1.08%	1.05%
35	1.46%	1.20%
40	1.92%	1.36%
45	2.53%	1.62%
50	3.31%	1.93%
55	4.33%	2.41%
60	6.04%	3.29%

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

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



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

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates

Age	Males	Females
20	0.05%	0.07%
25	0.05%	0.07%
30	0.05%	0.08%
35	0.07%	0.10%
40	0.11%	0.16%
45	0.17%	0.26%
50	0.30%	0.45%
55	0.56%	0.84%
60	0.97%	1.47%

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



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

Withdrawal

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

Representative Withdrawal Rates

Age	For Males and Females
20	10.20%
25	9.40%
30	8.40%
35	6.90%
40	5.40%
45	4.70%
50	4.30%
55	4.10%
60	2.10%
65+	0.00%

Rates shown above are for participants with five or more years of service. For the first five years of service, rates of withdrawal are 24.8%, 15.9%, 11.4%, 9.1%, and 7.4%, respectively.

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

**Compensation
Increases**

4.00% compensation increases assumed for all participants, with additional merit component based on age and service. The average increase is 4.75%.

Expected contribution increases are based on actual prior and anticipated future experience, reflecting information provided by the plan sponsor. As part of the analysis, we considered actual salary increases for active participants over the last several years.

Reemployment

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

Form of Payment

All single participants are assumed to elect a Life Annuity. All married participants are assumed to elect a 50% Joint and Survivor Annuity.



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

Marriage For non-retired participants, 85% of males and 75% of females are assumed to be married.

The marriage assumption is based on historical general population data.

Spouse Ages Male spouses are assumed to be three years older than females.

The spouse age difference assumption is based on historical general population data.

Cost Method The Entry Age Normal Cost Method is used to determine the normal cost and the actuarial accrued liability. Under this method, the normal cost is the dollar amount of contribution that would have been required from entry age to the decrement age in order to fund the employed participant's retirement, termination, and ancillary benefits, such that the required contribution would be a level dollar amount for all years. The decrement age is the age at which employment has terminated under the terms necessary for benefit entitlement. The actuarial accrued liability is the excess of the present value of future benefits over the present value of future normal costs for employed participants and is the present value of all benefits for other participants. The present value of future benefits is determined by discounting, to the valuation date, the total future benefits cash flow from the Plan, using the actuarial assumptions. The present value of future normal costs is determined by discounting, to the valuation date, all of the normal costs anticipated to result from future valuations, using the actuarial assumptions. The normal cost and actuarial accrued liability for the Plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all Plan participants.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.



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

Participant Data Participant census data as of January 1, 2024 were provided by Amalgamated Employee Benefits Administrators.

Missing or Incomplete Participant Data Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information Financial information was obtained from the audited financial statements of the Plan, as provided in the Plan's 2023 Form 5500 filing.

Nature of Actuarial Calculations The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.



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

Changes in Assumptions and Methods

Since the prior valuation, the following assumptions have been changed:

Funding:

Inactive vested participants who are over a certain age are excluded from the valuation on the assumption that they are deceased or otherwise will not claim benefits under the Plan. The assumed age over which participants are excluded was changed from age 70 in the prior valuation to age 72 in the current valuation.

Current Liability:

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



Schedule MB – Statement by Enrolled Actuary

Plan Sponsor:	Trustees of the Amalgamated Retail Retirement Fund
EIN / PN:	13-1599961 / 001
Plan Year:	Beginning January 1, 2024 and ending December 31, 2024
Plan Name:	Retirement Plan of the Amalgamated Retail Retirement Fund (the "Plan")
Enrolled Actuary:	Jonathan M. Feldman
Enrollment Number:	23-06980

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

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amount of contributions shown in Line 3 of the Schedule MB was listed in reliance on information provided by the Plan's auditor.

Status under Pension Protection Act: As indicated on line 4(b) of the Schedule MB, the Plan remained in neither endangered nor critical status for the Plan Year.

Attached as separate exhibits are:

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

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Amalgamated Retail Retirement Fund

Financial Statements

December 31, 2024 and 2023

Amalgamated Retail Retirement Fund

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Independent Auditor's Report

Board of Trustees
Amalgamated Retail Retirement Fund
New York, NY

Opinion

We have audited the financial statements of Amalgamated Retail Retirement 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Amalgamated Retail Retirement Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Amalgamated Retail Retirement 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 Amalgamated Retail Retirement Fund ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Amalgamated Retail Retirement 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 Amalgamated Retail Retirement 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.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 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 GAAS.

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.

Rogoff & Company PC

New York, New York
October 14, 2025

Amalgamated Retail Retirement Fund
Statements of Net Assets Available for Benefits

<u>Assets</u>	As of December 31,	
	2024	2023
Investments, at fair value	\$ 33,002,755	\$ 35,072,579
Receivables:		
Employer contributions	16,994	14,049
Investment income	1,361	3,457
Other	-	234
Total receivables	18,355	17,740
Prepaid insurance and other	13,458	13,670
Cash and cash equivalents	275,416	308,799
Total assets	33,309,984	35,412,788
<u>Liabilities</u>		
Due to others	-	215,609
Accrued expenses	43,922	312,714
Total liabilities	43,922	528,323
Net assets available for benefits	\$ 33,266,062	\$ 34,884,465

The accompanying notes are an integral part of these financial statements

Amalgamated Retail Retirement Fund

Statements of Changes in Net Assets

Available for Benefits

	For the Years Ended December 31,	
	2024	2023
<u>Additions</u>		
Investment income:		
Net appreciation in fair value of investments	\$ 1,137,587	\$ 1,477,742
Net changes in partnership interest	316,340	484,701
Interest	8,185	5,821
Dividends	450,863	558,510
	<u>1,912,975</u>	<u>2,526,774</u>
Less: investment expenses	140,958	150,827
Net investment income	<u>1,772,017</u>	<u>2,375,947</u>
Employer contributions	<u>83,484</u>	<u>77,128</u>
Total additions	<u>1,855,501</u>	<u>2,453,075</u>
<u>Deductions</u>		
Benefits paid directly to participants	2,453,333	2,497,979
Administrative expenses	1,020,571	1,748,652
Total deductions	<u>3,473,904</u>	<u>4,246,631</u>
Net decrease	<u>(1,618,403)</u>	<u>(1,793,556)</u>
Net assets available for benefits:		
Beginning of year	34,884,465	36,678,022
End of year	<u>\$ 33,266,062</u>	<u>\$ 34,884,465</u>

The accompanying notes are an integral part of these financial statements

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Description of Plan

The following brief description of the Amalgamated Retail Retirement Fund (the "Plan" or "Fund") is provided for general information purposes only. Reference to the Plan document should be made for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer plan which provides retirement benefits to eligible employees of group of participating employers in a collective bargaining agreement with between Local 340, New York/New Jersey Regional Joint Board ("Union"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees and is governed by a joint board consisting of representation from the participating employers and the Union.

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA. Contributions by participants are not permitted under the Plan.

Pension Protection Act Funding Status - As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of January 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024, and audited financial information as of December 31, 2023, as well as other financial information, including estimated cash flows for the year ended December 31, 2024, and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan. The Plan was certified to be in critical status (red zone).

Pension Benefits - An employee is eligible for a normal retirement benefit if he has attained age 65 and has been continuously employed for not less than five years. The Plan permits early retirement at ages 62 - 64 with a reduced pension. Employees may elect a joint and survivor annuity. Employees who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 62 provided such employee has five years of credited service. An active employee who has been continuously employed in the industry for 15 or more years and has been awarded a social security disability pension is eligible for a disability pension at any age.

Contributions - Employer contributions are made in accordance with the provisions of agreements entered into by the Union and participating employers.

Note 2. Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 2. Summary of Accounting Policies (continued)

Cash and Cash Equivalents - The Plan considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Investments Valuation and Income Recognition - Investments are reported at fair value. 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. The Plan determines its valuation policies utilizing information provided by its investment advisers and custodians.

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

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with the Union. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the Union (see note 10). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023, management believes that the receivables are deemed collectable and no allowance is needed.

Assessed Withdrawal Liability Receivable - The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Subsequent Events – The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued, see Note 8.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including death payments that are attributable under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (A) retired or terminated employees or their beneficiaries, (B) beneficiaries of employees who have died, and (C) present employees or their beneficiaries.

Benefits under the Plan are based on the length of credited service. Benefits under all circumstances - retirement, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Accumulated plan benefits as determined by the Plan's actuary, are summarized as follows:

	January 1, 2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	
currently receiving payments	\$ 19,746,273
Other participants	15,382,784
	<u>35,129,057</u>
Nonvested benefits	110,108
Total actuarial present value	
of accumulated plan benefits	<u>\$ 35,239,165</u>

Changes in the actuarial present value of accumulated plan benefits are as follows:

	Year Ended December 31, 2023
Actuarial present value of	
accumulated plan benefits at beginning of year	\$ 34,927,011
Increase (decrease) during the year attributable to:	
Change to actuarial assumptions	209,757
Benefits accumulated and	
actuarial (gains)/losses	240,894
Interest due to decrease	
in the discount period	2,359,482
Benefits paid	(2,497,979)
Net change	<u>312,154</u>
Actuarial present value of	
accumulated plan benefits at end of year	<u>\$ 35,239,165</u>

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

Non-Disability Mortality	RP-2014 Mortality table with blue color adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020
Retirement age	Ranging from 62 - 65, and
Interest rate	7.00%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Note 5. Fair Value Measurements

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

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

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include

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

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

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

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

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

Short-term obligations: The carrying amount approximates fair value because of the short-term maturity of these instruments.

Mutual funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are considered a Level I.

Common collective trust:

Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Those collective trust funds, which have underlying investments with readily determinable market prices, are classified as Level 2 within the fair value hierarchy. Those collective trust funds whose principal underlying investments are real estate and other investments without readily determinable market prices are classified as Level 3.

Limited partnerships:

Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

Net Asset Values (NAV):

As a practical expedient, fair value of certain investments may be estimated using their NAV if such investments are redeemable at NAV. In the fair value hierarchy, such investments that are redeemable at NAV are reported separately instead of the levels within the fair value hierarchy. The fair values are intended to permit reconciliation to the fair value hierarchy to the amounts presented on the Statements of Net Assets Available for Plan Benefits.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023.

	<i>Assets at Fair Value as of December 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Short-term obligations	\$ 585,197	\$ -	\$ -	\$ 585,197
Mutual funds	8,444,705	-	-	8,444,705
Common collective trust	-	9,153,350	4,675,980	13,829,330
Total investments in the fair value hierarchy	9,029,902	9,153,350	4,675,980	22,859,232
Investments measured at NAV	-	-	-	10,143,523
Total assets at fair value	\$ 9,029,902	\$ 9,153,350	\$ 4,675,980	\$ 33,002,755

	<i>Assets at Fair Value as of December 31, 2023</i>			
	Level 1	Level 2	Level 3	Total
Short-term obligations	\$ 395,758	\$ -	\$ -	\$ 395,758
Mutual funds	14,225,485	-	-	14,225,485
Common collective trust	-	4,946,993	5,054,396	10,001,389
Total investments in the fair value hierarchy	14,621,243	4,946,993	5,054,396	24,622,632
Investments measured at NAV	-	-	-	10,449,947
Total assets at fair value	\$ 14,621,243	\$ 4,946,993	\$ 5,054,396	\$ 35,072,579

Transfers Between 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.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

We evaluate 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.

Changes in Fair Value of Level 3 Assets

The following tables set forth a summary of certain changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2024 and 2023.

	<i>Year Ended December 31, 2024</i>	
	<i>Common collective trust</i>	<u>Total</u>
Purchases	\$ -	\$ -
Issuance	-	-
Transfer in	-	-
Transfer out	191,746	191,746

	<i>Year Ended December 31, 2023</i>	
	<i>Common collective trust</i>	<u>Total</u>
Purchases	\$ -	\$ -
Issuance	-	-
Transfer in	-	-
Transfer out	38,272	38,272

Gains and losses (realized and unrealized) included in changes in net assets for the previous period are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

In estimating fair value of the investments in level 3, the investment fund uses third party appraiser. The appraisal was based upon comparable sales approach. In substantiating the reasonableness, the management evaluates variety of factors including market development, economic conditions and review of appraiser report of estimated value that the plan will receive upon sale.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

Fair Value of Investments that Calculates Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023.

<u>Description</u>	<u>Fair Value</u>		<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
	<u>2024</u>	<u>2023</u>			
Loomis Sayles World Bond Fund	{A} \$ 3,305,667	\$ 3,147,202	n/a	Daily	none
Permal Group Fixed Income Fund	-	2,131		Liquidated	
Entrust Capital Diversified Fund	{B} 12,502	6,509	n/a	Illiquid	none
EnTrustPermal Special Opportunities Fund IV Ltd	{C} 1,309,234	1,332,794	-	{a}	
Hamilton Lane Strategic Opportunities Offshore Fund IV (series 2018) LP	{D} 660,329	989,300	435,951	{a}	
Mesirow Financial Private Equity VII-A, L.P.	{E} 4,855,791	4,972,011	572,000	{a}	
	<u>\$ 10,143,523</u>	<u>\$ 10,449,947</u>			

{a} These investments are subject to various restrictions on redemption and frequency.

{A}- The Multisector Full Discretion Fund seeks to maximize total return through research driven security selection while managing downside risk through careful portfolio construction.

{B} – The fund’s objective was to achieve above -average rate of return over time while maintaining lower risk profile.

{C} – The fund seeks to achieve above-average rate of return and long-term capital growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts.

{D} - A private equity fund that seeks to create a portfolio of opportunistically oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy.

{E} – A private equity fund that utilizing Partnership investment with a focus is Buyouts, Venture Capital/ Growth Equity and Credit/Distressed Special Situations.

Note 6. Commitments

During 2018, the Plan has made commitments to EnTrustPermal Special Opportunities Fund IV Ltd, the Hamilton Lane Strategic Opportunities Offshore Fund IV (series 2018) LP and the Mesirow Financial Private Equity VII-A L.P., in the amount of \$1.5 million, \$3 million and \$4 million, respectively.

The outstanding commitments to fund partnership investments as of December 31, 2024, are listed in Note 5.

Note 7. Plan Amendments

During the Plan years ending December 31, 2024 and 2023, there were no significant plan amendments affecting the Plan.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 8. Assessed Withdrawal Liability

Brooks Brothers: On July 8, 2020, one of the largest contributing employer to the Fund, Brooks Brothers Group, Inc. and 12 affiliated debtors, filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code. Brooks Brothers sought to sell substantially all of its assets, and the sale transaction was consummated on August 31, 2020. The consummation of the sale resulted in a complete withdrawal from the Fund.

The Fund therefore has a claim against each debtor for withdrawal liability, which claim is \$11,998 and for mass withdrawal liability, which claim is estimated to be \$21,822,075. The calculation of these amounts is based on a withdrawal date, and mass withdrawal valuation date, in 2020.

The Fund also has a claim against Brooks Brothers Group, Inc. for \$23,613.84 on account of certain retirement contributions due and owing to the Fund in 2019.

On December 3, 2021, the Fund asserted withdrawal liability and mass withdrawal liability claims against two entities (“Real Estate LLCs”) who are owned by former chairman, chief executive officer and owner of Brooks Brothers Group, Inc.

On September 2, 2022, Real Estate LLCs filed a demand for arbitration against the Fund with the American Arbitration Association (“AAA”), challenging the Fund’s assessment of withdrawal liability. The parties reached a settlement in May 2025, pursuant to which the Real Estate LLCs paid a lump sum amount of \$225,000 to the fund in exchange for a release of claim.

CSS: CSS Building Services, Inc., f/k/a CSS Facility Services Inc. (CSS”) ceased contributing to the Fund in February of 2020. CSS had previously contributed to the Fund pursuant to a collective bargaining agreement to provide cleaning and sanitation services to Barneys. After Barneys filed for bankruptcy, CSS’s services to Barneys diminished and ultimately ceased in February 2020.

The Fund determined that a mass withdrawal resulted from substantially all of the employers withdrawing from the Fund in 2020, with a mass withdrawal valuation date December 31, 2020. In March 2021, the Fund assessed CSS with withdrawal liability and mass withdrawal liability payable in quarterly installment payments of \$13,964 made in perpetuity. In November 2021, the Fund and CSS entered into a tolling agreement, tolling all claims and applicable deadlines for one year, unless either party terminates the agreement earlier or the parties agree to extend the agreement.

The Fund informed CSS on April 15, 2022, that it was terminating the tolling agreement effective July 14, 2022. On August 11, 2022, CSS filed a demand for arbitration against the Fund with the AAA, challenging the Fund’s assessment of withdrawal liability. The Fund submitted its Answering Statement in response to the Demand to the AAA on October 21, 2022. The parties conducted discovery and each filed for summary judgement on the issue of whether the Fund experienced a mass withdrawal in which CSS participated. In July 2024, the arbitrator held that the Fund did not experience a mass withdrawal. The arbitrator ordered the Fund to return to CSS all withdrawal liability payments the Fund had received from CSS, plus interest. The arbitrator also ordered the Fund to pay CSS for all fees CSS paid to the AAA, including for the arbitrator’s compensation. The Fund decided not to appeal the arbitrator’s decision to the federal courts. On October 11, 2024, the Fund paid CSS \$254,891.27.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 9. Tax Rulings and Status

The Plan has been ruled to be a qualified plan under Section 401 of the Internal Revenue Code. The Plan has been amended since receiving its last determination letter. However, the plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if it has taken an uncertain position that more likely than not would not be sustained upon examination by the appropriate taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10. Related-Party and Party in Interest Transactions

The Plan and Union share administrative staff and other common expenses. The Plan reimburses Union for its pro-rata share of common expenses incurred to provide Plan related services. Charges incurred amounted to \$51,600 for the years ended December 31, 2024 and 2023, respectively.

The service charge paid to the Amalgamated Fund Administrators is for the administration of retirement benefits for the Plan. Charges incurred amounted to \$44,928 and \$45,684 for the years ended December 31, 2024 and 2023, respectively.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 11. Mass Withdrawal Liability

For the year ending 2020, the Board of Trustees declared that the Plan experienced a mass withdrawal of substantially all employers due to the withdrawal of Barneys, Brooks Brother and CSS in 2020. Employers who withdrew from the Plan were assessed a withdrawal liability, see Note 8. Management has evaluated collectability of amounts assessed and has recorded an allowance for doubtful collections for the same amount as of December 31, 2024 and 2023.

Note 12. Risks and Uncertainties

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

Present Value of Accumulated Plan Benefits - Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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.

Significant Participating Employers - After the withdrawal of three employers as described in Note 11, the Plan is receiving contributions from remaining two employers.

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 12. Risks and Uncertainties (continued)

Concentration of Cash - Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At December 31, 2024 and 2023, the Plan's cash exceeded federally insured limits by approximately \$278,000 and \$302,000, respectively.

Note 13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of total additions per the financial statements to the total income Form 5500:

	Year ended December 31, 2024
Total additions per the financial statements	\$ 1,855,501
Add: Investment expenses	<u>140,958</u>
Total additions available per the Form 5500	<u><u>\$ 1,996,459</u></u>

The following is a reconciliation of administrative expenses per the financial statements to the administrative expenses Form 5500:

	Year ended December 31, 2024
Administrative expenses per the financial statements	\$ 1,020,571
Add: Investment expenses	<u>140,958</u>
Total expenses available per the Form 5500	<u><u>\$ 1,161,529</u></u>

The following is a reconciliation of total deductions per the financial statements to the total expenses per the Form 5500:

	Year ended December 31, 2024
Total deductions per the financial statements	\$ 3,473,904
Add: Investment expenses	<u>140,958</u>
Total expenses available per the Form 5500	<u><u>\$ 3,614,862</u></u>

Amalgamated Retail Retirement Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 13. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net appreciation in fair value of investments per the financial statements to the net appreciation (depreciation) of assets per Form 5500:

	Year ended <u>December 31, 2024</u>
Total net appreciation in fair value of investments per the financial statement	
Net appreciation in fair value of investments	\$ 1,137,587
Net changes in partnership interest	<u>316,340</u>
	<u>\$ 1,453,927</u>
Unrealized appreciation of assets Form 5500	\$ 162,617
Net gain (loss) on sale of assets Form 5500	153,723
Net investment gain (loss) from common collective trust Form 5500	991,821
Net investment gain (loss) from registered investment companies	<u>146,515</u>
Total net appreciation in fair value of investments available per the Form 5500	<u>\$ 1,454,674</u>

Supplemental Schedules

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		<i>Short-term obligations</i>		
	Amalgamated Bank	Money Market	\$ 127,604	\$ 127,604
	JP Morgan	JP Morgan Prime Money Market Fund	107	107
	Dreyfus	Dreyfus Govt Cash Management	457,487	457,487
				<u>585,197</u>
		<i>Mutual funds</i>		
	Legg Mason Global Asset Management	Western Asset Core Plus Bond FD CL IS, 589,372.64 Shares	6,298,042	5,345,610
	Neuberger	Neuberger Berman Int'l Eqty-Inst FD, 247,136.83 Shares	2,631,432	3,099,095
				<u>8,444,705</u>
		<i>Common collective trust</i>		
	Amalgamated Bank	Longview Broad Market 3000 Index Fund, 19,781.396 Shares	8,442,074	\$ 9,153,350
	New Tower Trust Company	Multi Employer Property Trust, 371.7334 Shares	1,631,141	4,675,980
				<u>13,829,330</u>
		<i>Others</i>		
	Loomis Sayles & Company L.P.	NHIT: MultiSector Full Discretion Trust, 124,836.383 Shares	2,604,087	\$ 3,305,667
	Maitland Administration Limited	Entrust Capital Diversified Fund, 1,295.1868 Shares	112,705	12,502
	CITCO Fund Services	ENTRUSTPERMAL Special OPP Fund IV LTD, 1,242.5698 Shares	1,193,371	1,309,234
	Hamilton Lane Strategic Opportunities Offshore Fund IV	Limited Partnership	778,988	660,329
	Mesirow Financial Private Equity VII-A, L.P.	Limited Partnership	3,011,353	4,855,791
		Total Investments		<u>\$ 33,002,755</u>

See auditor's report on supplementary information

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Single Transactions</i>								
	Dreyfus Govt Cash Management	\$ 1.00				5,135,960	5,135,960	\$ -
			1.00			5,135,960	5,135,960	-
	Longview Mid Cap 400 Index Fund			3,255.44		674,353	3,378,492	2,704,139
	Longview Broad Market 3000 Index Fund	424.47				3,946,493	3,946,493	-
		425.16				5,135,960	5,135,960	-
	Neuberger Bernman Genesis-Ins			62.89		2,915,013	3,755,529	840,516
	PIMCO All Assets Inst Class			11.00		1,924,153	1,730,369	(193,784)
								-
<i>Series of Transactions</i>								
	Dreyfus Govt Cash Management	1.00				5,135,960	5,135,960	-
		1.00				40,480	40,480	-
		1.00				734	734	-
		1.00				14	14	-
		1.00				1	1	-
		1.00				77,991	77,991	-
		1.00				10	10	-
			1.00			5,135,960	5,135,960	-
			1.00			40,480	40,480	-
			1.00			734	734	-
			1.00			14	14	-
			1.00			1	1	-
			1.00			77,991	77,991	-
			1.00			10	10	-
		1.00				340	340	-
		1.00				720	720	-
		1.00				337	337	-
		1.00				287	287	-
		1.00				277	277	-
		1.00				288	288	-
		1.00				280	280	-
		1.00				60,000	60,000	-

See auditor's report on supplementary information

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Series of Transactions - continued</i>								
	Dreyfus Govt Cash Management	\$ 1.00				\$ 317	\$ 317	\$ -
		1.00				552	552	-
		1.00				88,000	88,000	-
		1.00				520	520	-
		1.00				300,000	300,000	-
		1.00				60,000	60,000	-
		1.00				917	917	-
		1.00				52,000	52,000	-
		1.00				1,039	1,039	-
		1.00				132,000	132,000	-
			1.00			24	24	-
			1.00			100,000	100,000	-
			1.00			25	25	-
			1.00			17	17	-
			1.00			50,000	50,000	-
			1.00			254,891	254,891	-
			1.00			35	35	-
	Longview Mid Cap 400 Index Fund		3057.74			161	757	596
			3128.79			184	885	701
			3255.44			674,353	3,378,492	2,704,139
	Longview Largecap 500 Index Fund	1,769.35				46,847	46,847	-
		1,897.22				7	7	-
		1,892.58				26,428	26,428	-
		2,005.26				8	8	-
			1,779.93			42,324	50,000	7,676
			1,811.27			412	493	81
			1,839.26			181,061	220,000	38,939
			1,809.70			41,822	50,000	8,178
			1,895.97			175,645	220,000	44,355
			1,906.29			39,703	50,000	10,297
			1,965.37			169,443	220,000	50,557
			1,967.62			38,466	50,000	11,534
			1,877.20			297	365	68
			1,917.28			174,747	220,000	45,253
			1,887.21			40,348	50,000	9,652
			1,980.70			38,444	50,000	11,556
			2,059.66			162,668	220,000	57,332
			2,051.51			459,842	619,451	159,609

See auditor's report on supplementary information

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<i>Series of Transactions - continued</i>								
	Longview Broad Market							
	3000 Index Fund	\$ 424.47				\$ 3,946,693	\$ 3,946,693	\$ -
		425.16				5,135,960	5,135,960	-
		436.50				40,480	40,480	-
		404.83				734	734	-
		436.42				14	14	-
		454.55				1	1	-
		445.92				725,000	725,000	-
		458.27				77,991	77,991	-
			426.16			219,353	220,000	647
			432.39			49,135	50,000	865
			437.43			213,700	220,000	6,300
			441.77			48,091	50,000	1,909
			449.15			208,126	220,000	11,874
			450.90			47,118	50,000	2,882
			459.86			1,036	1,116	80
			455.71			206,027	220,000	13,973
			447.56			47,677	50,000	2,323

See auditor's report on supplementary information

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Single Transactions</i>								
	Dreyfus Govt Cash Management	\$ 1.00				5,135,960	5,135,960	\$ -
			1.00			5,135,960	5,135,960	-
	Longview Mid Cap 400 Index Fund			3,255.44		674,353	3,378,492	2,704,139
	Longview Broad Market 3000 Index Fund	424.47				3,946,493	3,946,493	-
		425.16				5,135,960	5,135,960	-
	Neuberger Bernman Genesis-Ins			62.89		2,915,013	3,755,529	840,516
	PIMCO All Assets Inst Class			11.00		1,924,153	1,730,369	(193,784)
								-
<i>Series of Transactions</i>								
	Dreyfus Govt Cash Management	1.00				5,135,960	5,135,960	-
		1.00				40,480	40,480	-
		1.00				734	734	-
		1.00				14	14	-
		1.00				1	1	-
		1.00				77,991	77,991	-
		1.00				10	10	-
			1.00			5,135,960	5,135,960	-
			1.00			40,480	40,480	-
			1.00			734	734	-
			1.00			14	14	-
			1.00			1	1	-
			1.00			77,991	77,991	-
			1.00			10	10	-
		1.00				340	340	-
		1.00				720	720	-
		1.00				337	337	-
		1.00				287	287	-
		1.00				277	277	-
		1.00				288	288	-
		1.00				280	280	-
		1.00				60,000	60,000	-

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Series of Transactions - continued</i>								
	Dreyfus Govt Cash Management	\$ 1.00				\$ 317	\$ 317	\$ -
		1.00				552	552	-
		1.00				88,000	88,000	-
		1.00				520	520	-
		1.00				300,000	300,000	-
		1.00				60,000	60,000	-
		1.00				917	917	-
		1.00				52,000	52,000	-
		1.00				1,039	1,039	-
		1.00				132,000	132,000	-
			1.00			24	24	-
			1.00			100,000	100,000	-
			1.00			25	25	-
			1.00			17	17	-
			1.00			50,000	50,000	-
			1.00			254,891	254,891	-
			1.00			35	35	-
	Longview Mid Cap 400 Index Fund		3057.74			161	757	596
			3128.79			184	885	701
			3255.44			674,353	3,378,492	2,704,139
	Longview Largecap 500 Index Fund	1,769.35				46,847	46,847	-
		1,897.22				7	7	-
		1,892.58				26,428	26,428	-
		2,005.26				8	8	-
			1,779.93			42,324	50,000	7,676
			1,811.27			412	493	81
			1,839.26			181,061	220,000	38,939
			1,809.70			41,822	50,000	8,178
			1,895.97			175,645	220,000	44,355
			1,906.29			39,703	50,000	10,297
			1,965.37			169,443	220,000	50,557
			1,967.62			38,466	50,000	11,534
			1,877.20			297	365	68
			1,917.28			174,747	220,000	45,253
			1,887.21			40,348	50,000	9,652
			1,980.70			38,444	50,000	11,556
			2,059.66			162,668	220,000	57,332
			2,051.51			459,842	619,451	159,609

Amalgamated Retail Retirement Fund

EIN 13-1599961

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ending December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<i>Series of Transactions - continued</i>								
	Longview Broad Market							
	3000 Index Fund	\$ 424.47				\$ 3,946,693	\$ 3,946,693	\$ -
		425.16				5,135,960	5,135,960	-
		436.50				40,480	40,480	-
		404.83				734	734	-
		436.42				14	14	-
		454.55				1	1	-
		445.92				725,000	725,000	-
		458.27				77,991	77,991	-
			426.16			219,353	220,000	647
			432.39			49,135	50,000	865
			437.43			213,700	220,000	6,300
			441.77			48,091	50,000	1,909
			449.15			208,126	220,000	11,874
			450.90			47,118	50,000	2,882
			459.86			1,036	1,116	80
			455.71			206,027	220,000	13,973
			447.56			47,677	50,000	2,323

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN OF THE AMALGAMATED RETAIL RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE AMALGAMATED RETAIL RETIREMENT FUND	D Employer Identification Number (EIN) 13-1599961	

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

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

b Assets		
(1) Current value of assets	1b(1)	34,884,466
(2) Actuarial value of assets for funding standard account.....	1b(2)	38,412,370
c (1) Accrued liability for plan using immediate gain methods	1c(1)	35,276,183
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	35,239,165
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	55,832,373
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	443,158
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,054,775
(3) Expected plan disbursements for the plan year	1d(3)	2,908,553

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

SIGN HERE	Signature of actuary	October 9, 2025 Date 2306980 Most recent enrollment number 240-247-4600 Telephone number (including area code)
	JONATHAN M. FELDMAN Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC Firm name 8601 GEORGIA AVENUE, SUITE 905 SILVER SPRING MD 20910 Address of the firm	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.29 %

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b Rates specified in insurance or annuity contracts						
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)		A			A
(2) Females	6c(2)		A			A
d Valuation liability interest rate	6d		7.00 %			7.00 %
e Salary scale	6e	4.75 %		<input type="checkbox"/> N/A		
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)		<input type="checkbox"/> Single rate	<input checked="" type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g					6.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h					6.9 %
i Expense load included in normal cost reported in line 9b	6i				<input type="checkbox"/> N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)					350,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)				<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,037,088	209,029
4	209,757	21,524

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a** []

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	377,447
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	8,255,874
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	121,724
e Total charges. Add lines 9a through 9d	9e	1,860,639
Credits to funding standard account:		
f Prior year credit balance, if any	9f	6,411,790
g Employer contributions. Total from column (b) of line 3	9g	83,484
	Outstanding balance	
h Amortization credits as of valuation date	9h	4,980,271
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	497,337
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	7,683,620
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,575,915
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	7,643,896
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,783,257
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No