

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	137
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)	101
	6a(2)	95
	6b	0
	6c	30
	6d	125
	6e	1
	6f	126
	6g(1)	137
	6g(2)	126
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 2J 2X

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 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 checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 RETAIL WHOLESALE AND DEPARTMENT STORE UNION STAFF RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE OF THE RETAIL WHOLESALE & DEPARTMENT STORE UNION AFL-CIO	D Employer Identification Number (EIN) 51-6041432	

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)

WESTERN ASSET MANAGEMENT

PO BOX 894139
LOS ANGELES, CA 90189

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	38118	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)

FORVIS MAZARS, LLP

44-0160260

(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	30472	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

275 SEVENTH AVENUE
NEW YORK, NY 10001

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	12631	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)

PALMER-TANNO AGENCY, INC.

33 WEST MAIN ST
SUITE 408
ELMSFORD, NY 10523

13-1977110

(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 50	NONE	1722	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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:	MAZARS USA LLP	b EIN:	13-1459550
c Position:	AUDITOR		
d Address:	135 WEST 50TH STREET NEW YORK, NY 10001-3967	e Telephone:	212-812-7000

Explanation: MAZARS USA, LLP MERGED WITH FORVIS, LLP STARTING JUNE 1, 2024. THE RESULTING COMPANY HAD A NAME CHANGE TO FORVIS MAZARS, LLP.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETAIL WHOLESALE AND DEPARTMENT STORE UNION STAFF RETIREMENT PLAN</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>COMMITTEE OF THE RETAIL WHOLESALE & DEPARTMENT STORE UNION AFL-CIO</u>	D Employer Identification Number (EIN) <u>51-6041432</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW BROAD MARKET 3000 INDEX FD

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

c EIN-PN <u>13-4920330-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22467458</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS, L.L.C.

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY, LLC

c EIN-PN <u>20-1575788-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12936454</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)
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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)
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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)

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 RETAIL WHOLESALE AND DEPARTMENT STORE UNION STAFF RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE OF THE RETAIL WHOLESALE & DEPARTMENT STORE UNION AFL-CIO	D Employer Identification Number (EIN) 51-6041432

Part I	Asset and Liability Statement
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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	110093	242854
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100126	26643
(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)	12915501	
(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)	23696749	22467458
(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)		12936454
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6577	6527
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36829046	35679936
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36829046	35679936

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)	1347003	
(B) Participants.....	2a(1)(B)	691459	
(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)		2038462
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3807	
(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)		
(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)	308	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		4770708
(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)		20953
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-358
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6833880

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7887292	
(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)		7887292
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30472	
(5) Investment advisory and investment management fees	2i(5)	38118	
(6) Bank or trust company trustee/custodial fees	2i(6)	12631	
(7) Actuarial fees	2i(7)	2500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	11977	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		95698
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7982990

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1149110
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	284674
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

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.
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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>RETAIL WHOLESALE AND DEPARTMENT STORE UNION STAFF RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMITTEE OF THE RETAIL WHOLESALE & DEPARTMENT STORE UNION AFL-CIO</u>	D Employer Identification Number (EIN) <u>51-6041432</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-6027543</u>		
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	

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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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	<u>1382917</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>1382917</u>	
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	<u>0</u>	
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____

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): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan RETAIL WHOLESALE AND DEPARTMENT STORE UNION STAFF RETIREMENT PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
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<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF COMMITTEE OF THE RETAIL WHOLESALE & DEPARTMENT STORE UNION AFL-CIO</p>	<p>D Administrator's EIN 51-6041432</p>
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Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) COLLECTIVELY BARGAINED MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOCAL 1102	13-1215130	17.00	3480560
LOCAL 1-S	13-5591972	5.00	2351614

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

Schedule MEP (2024)
v. 240311

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOCAL 262	22-1345822	2.00	731006
LOCAL 670	13-5396735	3.00	2463721
LOCAL 87	38-0513169	1.00	90873
MID-SOUTH COUNCIL	63-0377433	10.00	2325191
SOUTHEAST COUNCIL	58-0902438	1.00	457422
INTERNATIONAL	13-1426674	56.00	21713645
FUND OFFICE	63-0373544	5.00	1053426
IJB	35-0827171		8882
LOCAL 108	22-1171648		537753

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____




Retail Wholesale and Department Store Union Staff Retirement Plan

EIN 51-6041432 PN 001

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules (Modified Cash Basis)**

December 31, 2024 and 2023



Retail Wholesale and Department Store Union Staff Retirement Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

Plan Administrator and Participants
Retail Wholesale and Department Store Union Staff Retirement Plan
New York, New York

Opinion on the 2024 Financial Statements

We have audited the financial statements of Retail Wholesale and Department Store Union Staff Retirement Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statement of net assets available for benefits – modified cash basis as of December 31, 2024, and the related statement of changes in net assets available for benefits – modified cash basis for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits – modified cash basis of the Plan as of December 31, 2024, and the changes in its net assets available for benefits – modified cash basis for the year then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances.

Management is also responsible 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.

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 2024 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) – modified cash basis as of December 31, 2024, delinquent participant contributions for the year ended 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 is 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 audit 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, is 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 supplemental 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.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of basis of earnings (losses) distribution – for the year-end participants – modified cash basis for the years ended December 31, 2024 and 2023 and schedule of members' equity as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements. 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 audit 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 the modified cash basis of accounting. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The schedule of history of net earnings – modified cash basis from inception to December 31, 2024 (unaudited) is presented for purposes of additional analysis and is not a required part of the financial statements. 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 not been subjected to the auditing procedures.

Auditor's Report on the 2023 Financial Statements

The 2023 financial statements of the Plan were audited by predecessor auditors whose report dated June 17, 2024 expressed an unmodified opinion on those financial statements.

Forvis Mazars, LLP

**New York, New York
October 15, 2025**

Federal Employer Identification Number: 44-0160260

Retail Wholesale and Department Store Union Staff Retirement Plan
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Mutual fund	\$ 6,527	\$ 6,577
Limited liability investment fund	12,936,454	12,915,501
Common collective fund	22,467,458	23,696,749
Money market fund	<u>26,643</u>	<u>100,126</u>
Total Investments	35,437,082	36,718,953
Non-interest bearing cash	<u>242,854</u>	<u>110,093</u>
Net Assets Available for Benefits	<u>\$ 35,679,936</u>	<u>\$ 36,829,046</u>

Retail Wholesale and Department Store Union Staff Retirement Plan
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to		
Investment Income		
Interest and dividends	\$ 4,115	\$ 12,113
Net appreciation in fair value of investments	4,791,303	5,643,149
	<u>4,795,418</u>	<u>5,655,262</u>
Total Investment Income	4,795,418	5,655,262
Less Investment Expenses	<u>55,124</u>	<u>62,879</u>
Net Investment Income	<u>4,740,294</u>	<u>5,592,383</u>
Contributions		
Employees	691,459	733,041
Employers - net of forfeitures of \$35,914 in 2024 and \$28,158 in 2023	1,347,003	1,437,923
	<u>2,038,462</u>	<u>2,170,964</u>
Total Additions	<u>6,778,756</u>	<u>7,763,347</u>
Deductions From Net Assets Attributed to		
Benefits Paid to Participants	7,887,292	2,261,698
Administrative expenses	40,574	46,707
	<u>7,927,866</u>	<u>2,308,405</u>
Total Deductions	<u>7,927,866</u>	<u>2,308,405</u>
Net (Decrease) Increase	(1,149,110)	5,454,942
Net Assets Available for Benefits, Beginning of Year	<u>36,829,046</u>	<u>31,374,104</u>
Net Assets Available for benefits, End of Year	<u>\$ 35,679,936</u>	<u>\$ 36,829,046</u>

Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

Note 1. Description of the Plan

The following description of the Retail Wholesale and Department Store Union (the “Union”) Staff Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees (as defined in the plan document) of the Union and its U.S. subordinate bodies who have filed with the Retirement Committee. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions to the Plan are made by both the employer and employees. Contributions for prior service may be made in accordance with Plan provisions. Employee contributions are computed at 6% of gross salaries on an after-tax basis. Principally, employer contributions are double that of the contributions made by employees.

Participant Accounts

Each participant’s account is credited with their contributions, employer contributions and the earnings thereon. Contributions to the Plan are invested by the Plan as directed by Plan management.

Vesting

An employee’s interest of the employer’s contribution in the Plan becomes vested at stated percentages beginning at the completion of the first year of continuous service and becomes fully vested after five years. The amount of employee contributions and gains (or losses) for the Plan year is 100% payable to the employee regardless of years of service.

A “break in service” will occur after one year commencing with termination of service for reasons other than disability, death or retirement, during which reemployment does not occur. Years of service before such a break shall not be taken into account for the purpose of computing vesting until the employee has completed a year of service after his/her return.

Net earnings (losses) (net investment income (loss) less investment expenses) for the Plan year are allocated to the accounts of all participants so as to preserve each participant’s beneficial interest in the Plan.

Forfeitures

Terminated participants’ nonvested accounts forfeited under the Plan are remitted back to the participants’ employer.

Payment of Benefits

The Plan provides retirement benefits to employees who have attained age 59½ (normal retirement age). Benefits, as elected by the participant, may be pursuant to any of the following procedures:

1. a single sum payment equal to the participant’s credit balance as of the valuation of accounts next following his/her retirement;
2. 50% joint and survivor annuity, with annuity payments payable to the participant during his/her lifetime and 50% of such payments payable to his/her spouse after his/her death;

**Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023**

3. equal payments for life ceasing at the death of the participant;
4. life income with payments for a guaranteed period;
5. income with payments over a period of time, independent of the participant's life time, not in excess of 15 years;
6. a single sum payment of the total contributed by the participant without adjustments for earnings, and the remainder payable under any of the other forms provided;
7. 75% Joint and Survivor Annuity (effective for benefits commencing on or after January 1, 2008). A monthly benefit payable during the lifetime of the Retired Member and 75% of such monthly benefit payable after his death to this spouse at the time he elects his option, if said spouse survives him where such benefit it to continue until the death of said spouse. If said spouse should die prior to the benefit commencement date of the Member, the election of this option is deemed automatically annulled.

If a participant becomes disabled, distribution is made as if retirement occurs after his/her normal retirement date. Upon death of a participant, credit balances are distributed to beneficiaries in a single payment or by any of the optional methods.

Plan Termination

Although it has not expressed any intent to do so, the Plan as a whole may be terminated entirely or in part at any time by the Union's Executive Board. In the event of the plan termination, each participant shall have a 100% vested interest in his/her account, and no part of the corpus of the Plan will revert to the Union.

A subordinate body of the Union may withdraw from the Plan, which would terminate coverage for all persons in that subordinate body.

Note 2. Summary of Significant Accounting Policies

Basis of Preparation

The financial statements of the Plan were prepared on the modified cash basis of accounting, a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting used by the Plan, contributions and interest and dividends are recognized when received rather than when they are earned and benefits and expenses are recognized when paid rather than when the obligation is incurred; however, investments are presented at fair value. Accordingly, the financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Union and are excluded from these financial statements.

Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment 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's management determines plan valuation policies utilizing information provided by the trustee. See Note 3 for discussion of fair value measurements.

Investments in a mutual fund is valued at fair value determined by reference to unadjusted quoted prices in active markets. Investment in a limited liability investment fund is valued at estimated fair value, which is based upon the net asset value of the fund. Investment in a common collective fund (Longview Broad Market 3000) is valued at estimated fair value, which is based on the net asset value of the common collective fund.

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

Note 3. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan paid \$50,749 and \$58,597 of custodial and management fees to Amalgamated Bank during the years ended December 31, 2024 and 2023, respectively. Individually nonmaterial expenses paid to parties in interest aggregated \$4,375 and \$4,282 during the years ended December 31, 2024 and 2023, respectively. The Union provides certain administrative services at no cost to the Plan.

Note 4. Investments

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 at measurement date.
- Level 2** Inputs other than quoted prices included within Level 1 that are observable for the asset or liability either directly or indirectly such as: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived

Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

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 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:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Limited Liability Fund: U.S. Core Plus LLC is an investment fund where at least 70% of its assets are investment grade and fixed income securities at least AA- or its equivalent. It is not publicly traded and is valued at the net asset value of the fund, as the practical expedient. There are no restrictions in redemptions or additional investment obligations in the fund.

Common Collective Trust: is an investment in Longview Broad Market 3000 Index Fund. It is not publicly traded and is valued at the net asset value of the fund, as the practical expedient. There are no restrictions in redemptions or additional investment obligations in the fund.

Money Market Fund: Valued at cost plus accrued interest, which approximates fair value.

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

Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

The Plan's investments at fair value as of December 31, 2024 and 2023 are as follows:

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 6,527	\$ -	\$ -	\$ 6,527
Money market fund	26,643	-	-	26,643
Common collective trust measured at net asset value (a)	-	-	-	22,467,458
Limited liability fund (a)	-	-	-	12,936,454
Total investments at fair value	\$ 33,170	\$ -	\$ -	\$ 35,437,082

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 6,577	\$ -	\$ -	\$ 6,577
Money market fund	100,126	-	-	100,126
Common collective trust measured at net asset value (a)	-	-	-	23,696,749
Limited liability fund (a)	-	-	-	12,915,501
Total investments at fair value	\$ 106,703	\$ -	\$ -	\$ 36,718,953

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

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Plan by letter dated February 12, 2014, that the Plan is designed in accordance with the Internal Revenue Code Section 501(a) and is a qualified pension trust, exempt from income taxes.

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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of both December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Retail Wholesale and Department Store Union Staff Retirement Plan
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

Note 6. Risk and Uncertainties

The Plan's investments, are concentrated in various investments and investment funds. Such securities are subject to various risks that determine the value of the investments. Due to the level of risk associated with certain investments, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7. Corrective Contributions

During the year ended December 31, 2024 and 2023, there were late employee contributions of \$275,782 and \$8,892, respectively, all of which were remitted to the Plan in 2024 and 2023, respectively. Any identified correction amount for the late employee contributions will be reflected when computed. The Company believes the Plan continues to be qualified and tax exempt.

Note 8. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, the date the financial statements were available for issuance and no additional disclosures are required.

Supplemental Schedules

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Assets (Held at End of Year) – Modified Cash Basis
Fed ID #51-6041432 Plan #001
Schedule H- Line 4i
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity, Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Western Asset	Core Plus Bond Fund	\$ 6,885	\$ 6,527
	Western Asset	U.S. Core Plus LLC	12,915,501	12,936,454
	Webster Bank	Money Market	26,643	26,643
	Longview	Longview Broad Market 3000 Index Fund	18,152,154	22,467,458
			<u>\$ 31,101,183</u>	<u>\$ 35,437,082</u>

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Delinquent Participant Contributions
Fed ID #51-6041432 Plan #001
Schedule H- Line 4a
December 31, 2024

	<u>Total that Constitutes Nonexempt Prohibited</u>			<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
<u>Participant Contributions Transferred Late to Plan</u>				
2023	\$ -	\$ 8,892	\$ -	\$ -
2024	\$ 275,782	\$ -	\$ -	\$ -

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024**

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Amlagamated Bank	Longview Broad Market 3000 Index Fund	\$ 1,465,132	\$ 3,800,000	\$ -	\$ -	\$ -	\$ -	\$ 2,334,868
Amlagamated Bank	Longview Broad Market 3000 Index Fund	\$ 783,089	\$ 2,200,000	\$ -	\$ -	\$ -	\$ -	\$ 1,416,911

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedules of Basis of Earnings (Losses) Distribution – For The Year-End Participants –
Modified Cash Basis
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Beginning balances plus one-half (1/2) of annual contribution of current participants at December 31,	<u>\$ 28,246,515</u>	<u>\$ 26,847,483</u>
Earnings (losses) net of amounts distributed to interim retirees	<u>\$ 3,891,586</u>	<u>\$ 4,779,985</u>
Percentage of earnings (losses) distribution	<u>13.7772%</u>	<u>17.8042%</u>

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of History of Net Earnings – Modified Cash Basis
From Inception to December 31, 2024 (Unaudited)

Total contributions received

Earnings history \$ 63,178,087

		<u>Net Income (Loss) From Investments</u>	<u>Unrealized Appreciation (Depreciation) in Fair Value</u>	<u>Total</u>
Earnings	1958	\$ 6,830	\$ 5,922	\$ 12,752
	1959	8,659	(5,493)	3,166
	1960	12,122	(1,788)	10,334
	1961	17,852	45,147	62,999
	1962	24,022	(19,295)	4,727
	1963	32,167	26,277	58,444
	1964	45,513	27,351	72,864
	1965	60,604	27,787	88,391
	1966	77,251	(89,804)	(12,553)
	1967	88,192	66,396	154,588
	1968	113,642	85,437	199,079
	1969	144,512	(169,243)	(24,731)
	1970	139,020	92,215	231,235
	1971	172,181	80,081	252,262
	1972	233,325	25,655	258,980
	1973	242,129	(125,084)	117,045
	1974	282,688	(235,970)	46,718
	1975	302,733	115,243	417,976
	1976	325,762	270,221	595,983
	1977	357,798	(140,454)	217,344
	1978	403,758	(344,009)	59,749
	1979	520,435	(392,353)	128,082
	1980	594,834	(314,410)	280,424
	1981	703,416	(171,882)	531,534
	1982	807,101	875,204	1,682,305
	1983	975,401	(299,125)	676,276
	1984	103,015	95,337	198,352
	1985	764,141	637,779	1,401,920
	1986	1,102,011	256,706	1,358,717
	1987	385,872	(368,103)	17,769
	1988	978,061	125,539	1,103,600
	1989	816,553	1,360,401	2,176,954
	1990	104,815	160,317	265,132
	1991	548,640	1,388,730	1,937,370
	1992	(99,224)	684,629	585,405
	1993	457,939	481,039	938,978

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of History of Net Earnings – Modified Cash Basis
From Inception to December 31, 2024 (Unaudited)**

(Continued)

		Net Income (Loss) From Investments	Unrealized Appreciation (Depreciation) in Fair Value	Total
Earnings	1994	\$ 164,879	\$ (765,623)	\$ (600,744)
	1995	671,897	1,368,432	2,040,329
	1996	667,483	305,118	972,601
	1997	689,329	971,681	1,661,010
	1998	481,932	360,155	842,087
	1999	734,055	336,527	1,070,582
	2000	143,727	(261,008)	(117,281)
	2001	(437,023)	20,784	(416,239)
	2002	(331,132)	(638,324)	(969,456)
	2003	(89,370)	1,200,388	1,111,018
	2004	19,391	309,524	328,915
	2005	36,334	172,055	208,389
	2006	(59,724)	1,470,583	1,410,859
	2007	(99,252)	743,935	644,683
	2008	(176,512)	(2,623,362)	(2,799,874)
	2009	(85,730)	2,272,964	2,187,234
	2010	(98,330)	1,445,077	1,346,747
	2011	(41,578)	852,037	810,459
	2012	1,962,035	152,948	2,114,983
	2013	250,938	3,274,558	3,525,496
	2014	320,075	1,909,691	2,229,766
	2015	(249,985)	(308,017)	(558,002)
	2016	43,336	1,951,872	1,995,208
	2017	76,704	3,215,991	3,292,695
	2018	(181,432)	(913,844)	(1,095,276)
	2019	(11,861)	5,937,273	5,925,412
	2020	(52,993)	4,899,899	4,846,906
	2021	(93,409)	4,988,641	4,895,232
	2022	1,708,022	(7,008,983)	(5,300,961)
	2023	(125,631)	5,643,149	5,517,518
	2024	(127,497)	4,791,303	4,663,806
				<u>57,894,272</u>
				121,072,359
Less				
Retirement benefits paid and Canadian transfers				<u>85,392,423</u>
Net Assets Available for Benefits - Modified Cash Basis				
December 31, 2024				<u><u>\$ 35,679,936</u></u>

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Members' Equity
Year Ended December 31, 2024

<u>Employee Name</u>	<u>Beginning Balance</u>	<u>Transfers</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Payments</u>	<u>Net Investment Income Less Administrative Expenses</u>	<u>Ending Balance</u>
Chencinski, Ronald	\$ 676,400	\$ -	\$ -	\$ -	\$ -	\$ 93,189	\$ 769,589
Hamilton-Elder, Sherry	152,263	-	12,736	-	-	21,855	186,854
Harding, Angella	370,791	-	-	-	(392,445)	21,654	-
Jones, Michael	185,618	-	13,454	-	(58,691)	18,413	158,794
Lord, Rafael	47,502	-	-	(5,349)	(44,927)	2,774	-
Martin, Christopher	6,917	-	11,997	-	-	1,779	20,693
Michael, Cameron	6,258	-	11,689	-	-	1,667	19,614
Moncayo, Melina	66,683	-	9,665	-	-	9,853	86,201
Ocasio, Felix	15,327	-	25,138	-	-	3,843	44,308
Pelaliah, Israel (QDRO)	-	-	-	-	58,691	-	58,691
Pelaliah, Israel (QDRO)	-	-	-	-	(62,119)	3,428	(58,691)
Rogers, Gail	452,935	-	-	-	(17,762)	62,348	497,521
Singer, Marc	7,875	-	13,057	-	-	1,984	22,916
Subervi, Alan	82,220	-	12,321	-	-	12,176	106,717
Vasaturo, Debra	45,404	-	-	-	-	6,255	51,659
West, Curtis	339,913	-	-	-	-	46,831	386,744
Total For Local 1-S	2,456,106	-	110,057	(5,349)	(517,253)	308,049	2,351,610
Ventimiglia, Margaret	359,594	-	-	-	(20,316)	49,481	388,759
Wiseman, Douglas	25,171	-	-	-	-	3,468	28,639
Total For CCL-30	384,765	-	-	-	(20,316)	52,949	417,398
Gutzwiller, Debra (Benef.)	58,192	-	-	-	-	8,017	66,209
Welch, Craig	10,716	-	11,667	-	-	2,280	24,663
Total For Local 87	68,908	-	11,667	-	-	10,297	90,872
Meng, Jennifer (Sperduto-Qdro)	34,034	-	-	-	-	4,689	38,723
Petrillo, Jasmin	149,047	-	17,549	-	-	21,743	188,339
Righetti, Daniel	422,345	-	21,903	-	-	59,696	503,944
Total For Local 262	605,426	-	39,452	-	-	86,128	731,006
Hinton, Richard	42,543	-	-	-	-	5,861	48,404
Total For Local 386	42,543	-	-	-	-	5,861	48,404
Prileau, Tyrone	425,760	-	12,195	-	-	59,498	497,453
Rolling, Justin	64,690	-	16,568	-	-	10,053	91,311
Winston, Thelma	1,615,551	-	34,455	-	-	224,952	1,874,958
Total For Local 670	2,106,001	-	63,218	-	-	294,503	2,463,722
Barker, Gary	479,354	-	-	-	(18,798)	65,984	526,540
Jamison, Jr., Frederick	49,183	-	-	(6,532)	(48,957)	6,306	-
Merz, Chris	9,855	-	-	-	-	1,358	11,213
Total For Local 1034 (Mrgd L. 108)	538,392	-	-	(6,532)	(67,755)	73,648	537,753

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Members' Equity
Year Ended December 31, 2024**

(Continued)

<u>Employee Name</u>	<u>Beginning Balance</u>	<u>Transfers</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Payments</u>	<u>Net Investment Income Less Administrative Expenses</u>	<u>Ending Balance</u>
Ament, Jessica	\$ 125,345	\$ -	\$ 18,707	\$ -	\$ -	\$ 18,558	\$ 162,610
Benavides, Jessica	244,412	-	20,104	-	-	35,058	299,574
Brunet, Ryan	641,201	-	1,800	-	(690,709)	47,708	-
Cione, Angelo	829,943	-	45,831	-	-	117,500	993,274
Crosby, Eileen	186,580	-	20,105	-	-	27,091	233,776
De Leonardis, Jennifer	134,865	-	25,754	-	-	20,355	180,974
Gerbe, Michael	196,154	-	26,968	-	-	28,882	252,004
Guardado, Jeffrey	8,997	-	-	-	-	1,238	10,235
Katsanevas, Chrysoula	150,537	-	20,810	-	-	22,173	193,520
Krotz, Lori	149,377	-	24,181	-	-	22,246	195,804
Mccart, Mark	105,371	-	-	-	-	14,517	119,888
Pascual, Milton	-	-	7,200	-	-	496	7,696
Patane, Michael	25,935	-	26,290	-	-	5,384	57,609
Porsuk, Ayse	21,529	-	17,931	-	-	4,201	43,661
Ramnarain, Navindra	712,784	-	2,157	-	(756,631)	41,690	-
Rowland, Thomas	1,017,563	-	8,758	-	(1,086,002)	59,681	-
Schwartz, Eric	-	79,494	25,927	-	-	12,738	118,159
Sloane, John	225,422	-	31,557	-	-	33,231	290,210
Umana, Carlos	-	-	15,889	-	-	1,095	16,984
Valladares, Mayra	247,607	-	21,425	-	-	35,589	304,621
Total For Local 1102	5,023,622	79,494	361,394	-	(2,533,342)	549,431	3,480,599
Drew, Jennifer	76,824	-	6,963	-	-	11,063	94,850
Shackelford, James	302,456	-	17,257	-	-	42,859	362,572
Total For SEC	379,280	-	24,220	-	-	53,922	457,422
Schaper, Lloyd	7,807	-	-	-	-	1,076	8,883
Total For IJB	7,807	-	-	-	-	1,076	8,883
Caver, Shelley	206,784	-	19,465	-	-	29,830	256,079
Embry, Aviette	48,345	-	12,963	-	-	7,554	68,862
Foster, Michael	21,687	-	14,021	-	-	3,954	39,662
Gray, Curtis	250,967	-	20,613	-	-	35,996	307,576
Gregory, Allen	285,299	-	28,835	-	-	41,293	355,427
Hadley, Randall	384,622	-	36,194	-	-	55,484	476,300
Jackson, Steve	22,322	-	14,021	-	-	4,041	40,384
Mercer, Maurice	157,610	-	-	-	-	21,714	179,324
Mixon, Jeffery	10,397	-	-	-	-	1,432	11,829
Moore, Alan	109,578	-	14,412	-	-	16,090	140,080
Murphree, Bethany	76,814	-	12,813	-	-	11,465	101,092
Paluchowski, Syrena	182,523	-	18,594	-	-	26,428	227,545
Urena, Marisol	88,914	-	18,588	-	-	13,530	121,032
Total For MSC	1,845,862	-	210,519	-	-	268,811	2,325,192

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Members' Equity
Year Ended December 31, 2024**

(Continued)

Employee Name	Beginning Balance	Transfers	Contributions	Forfeitures	Payments	Net Investment Income Less Administrative Expenses	Ending Balance
Brewer, Joshua	\$ 116,449	\$ -	\$ 34,055	\$ -	\$ (133,155)	\$ 1,195	\$ 18,544
Brewer, Morgan (QDRO)	(116,449)	-	(16,706)	-	133,155	-	-
Brewer, Morgan (QDRO)	116,449	-	16,706	-	(149,155)	16,000	-
Byars, Tyler	7,601	-	8,534	(8,274)	(9,383)	1,522	-
Hill, Brittany	135,500	-	16,594	-	-	19,811	171,905
Jones, William	-	-	10,793	-	-	743	11,536
Mantooth, Sandra	704,773	-	-	-	(745,931)	41,158	-
Miller, Christy	18,297	-	-	-	-	2,521	20,818
Moss, Sarah	12,626	-	4,230	(8,439)	(9,277)	861	1
Owen, Julie	96,635	-	-	-	-	13,314	109,949
Pugh, Randell	23,649	-	-	-	-	3,258	26,907
Quick, Deborah	234,138	-	15,682	-	-	33,338	283,158
Rayburn, Dusty	355,199	-	-	-	-	48,937	404,136
Thomas, Stephani	-	-	6,058	-	-	417	6,475
Total For RWDSIU	1,704,867	-	95,946	(16,713)	(913,746)	183,075	1,053,429
Anderson, Brittany	20,044	-	-	-	-	2,762	22,806
Appelbaum, Stuart	3,521,416	-	54,900	-	-	488,935	4,065,251
Awotoye, Eno	218,731	-	14,931	-	-	31,164	264,826
Bolanos, Miriam	152,392	-	14,931	-	-	22,024	189,347
Brindle-Khym, Heewon	260,829	-	24,823	-	-	37,645	323,297
Brokt, Kevin	76,486	-	-	-	-	10,538	87,024
Caffey, Jack	257,131	-	35,800	-	-	37,892	330,823
Canary, Alicia	47,911	-	-	-	-	6,601	54,512
Chrisemer, Michael	128,544	-	14,931	-	-	18,738	162,213
Collado, Orlando	128,206	-	14,932	-	-	18,692	161,830
Connor, Chelsea	212,013	-	30,230	-	-	31,292	273,535
Dasilva, Maria	48,842	-	9,766	-	-	7,402	66,010
Denuyl, James	438,830	-	14,051	-	-	61,427	514,308
Dietz, Rose	829,369	-	4,432	-	(882,367)	48,566	-
Dipasquale, Maria	48,331	-	14,457	-	-	7,654	70,442
Dixon, Bob	24,230	-	22,915	-	-	4,917	52,062
Dorismond, Joseph	1,305,561	-	45,781	-	-	183,024	1,534,366
Ellis, Brienne	83,939	-	15,330	-	-	12,620	111,889
Feliciano, Christina	121,598	-	8,648	-	(146,389)	16,143	-
Ferguson, Timothy	168,810	-	-	-	(168,810)	-	-
Field, Ryan	130,721	-	4,077	-	(144,662)	9,864	-
Fields, Edgar	741,097	-	30,535	-	-	104,206	875,838
Flanery, Michael	928,674	-	30,535	-	-	130,049	1,089,258
Fowler, Naimah	11,956	-	-	(2,521)	(10,134)	699	-
Gale, Graham	-	-	6,056	-	-	417	6,473
Garcia, Bianca	24,252	-	13,368	-	-	4,262	41,882
Garcia, Edilberto	132,303	-	7,411	-	(149,820)	10,106	-
Garcia, Jessica	167,707	-	24,823	-	-	24,815	217,345
Gleason, Carolyn	238,352	-	-	-	-	32,838	271,190
Graham, Roland	28,325	-	21,321	-	-	5,371	55,017
Grobstich, Roger	1,002,752	-	30,535	-	-	140,255	1,173,542

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Members' Equity
Year Ended December 31, 2024**

(Continued)

Employee Name	Beginning Balance	Transfers	Contributions	Forfeitures	Payments	Net Investment Income Less Administrative Expenses	Ending Balance
Guerrero, Bulmaro	\$ 96,022	\$ -	\$ 14,368	\$ -	\$ -	\$ 14,219	\$ 124,609
Guida, Louis	176,808	-	-	-	-	24,359	201,167
Hissong,, Patrick	33,019	-	20,037	-	-	5,929	58,985
Jimenez, Alfred	514,953	-	6,548	-	(551,765)	30,264	-
Jimenez, David	242,574	-	14,931	-	-	34,449	291,954
Johnson, Jonathan	459,291	-	13,318	-	-	64,195	536,804
Kellerman, Joshua	162,063	-	15,921	-	(199,781)	21,797	-
Kincer-Whitlock, Michele	60,393	-	12,965	-	-	9,213	82,571
Labinjo, Jedidiah	114,178	-	14,931	-	-	16,759	145,868
Laforest, Rachel	121,122	-	-	-	-	16,687	137,809
Lai Chan, Cindy	289,337	-	26,191	-	-	41,667	357,195
Lau, Nancy M.	858,464	-	-	-	(34,897)	118,167	941,734
Layng, Jr., J. Robert	1,395,058	-	30,635	-	(1,530,484)	104,791	-
Mamah-Trawill, Sadatu	62,834	-	21,436	-	-	10,133	94,403
Mertz, David	1,696,999	-	40,702	-	-	236,603	1,974,304
Mesa, Michael	97,906	-	26,191	-	-	15,293	139,390
Montalbano, Peter	310,399	-	21,960	-	-	44,277	376,636
Morris, Dan	58,601	-	-	-	-	8,074	66,675
Nayman, Levi	683,959	-	17,876	-	-	95,462	797,297
Noh, Eugene	16,461	-	-	-	-	2,268	18,729
Obernauer, Adam	219,437	-	28,671	-	-	32,207	280,315
Oscos, David	156,223	-	14,931	-	-	22,552	193,706
Oyefeso, Ademola	429,998	-	34,200	-	-	61,598	525,796
Palaguachi, Diego	46,052	-	-	-	-	6,345	52,397
Patel, Anand	135,514	-	30,535	-	-	20,774	186,823
Pomeroy, Paul	42,307	-	17,307	-	-	7,021	66,635
Pyles, Benjamin	-	-	26,883	-	-	22,703	49,586
Richards, Rhonda	151,342	-	7,650	-	-	527	159,519
Ruiz-Cruz, Dennisse	17,686	-	11,907	-	-	3,257	32,850
Schwartz, Eric	79,494	(79,494)	-	-	-	-	-
Silva, Joseph	460,902	-	26,191	-	-	65,304	552,397
Sites, Janina	50,869	-	20,501	-	(19,148)	6,114	58,336
Sites, Michelle (QDRO)	-	-	-	-	19,148	-	19,148
Sites, Michelle (QDRO)	-	-	-	(4,799)	(15,771)	1,422	(19,148)
Soberal, Miriam	395,692	-	17,049	-	-	55,690	468,431
Sosnicki, Elaine	-	-	26,699	-	-	28,996	55,695
Tarrow,Danie	197,113	-	5,573	-	-	384	203,070
Ware, Robert	282,894	-	29,877	-	-	41,033	353,804
Williams, Sandra	41,179	-	26,445	-	-	7,495	75,119
Wright, Deborah	8,972	-	25,955	-	-	3,024	37,951
Total For Int'L	21,665,467	(79,494)	1,157,903	(7,320)	(3,834,880)	2,811,970	21,713,646
Grand Total	\$ 36,829,046	\$ -	\$ 2,074,376	\$ (35,914)	\$ (7,887,292)	\$ 4,699,720	\$ 35,679,936

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ▶	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶	<input type="checkbox"/>

Part II Basic Plan Information --- enter all requested information											
1a Name of plan Retail Wholesale and Department Store Union Staff Retirement Plan 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) Committee of the Retail Wholesale & Department Store Union AFL-CIO 370 7th Avenue Suite 501 US New York NY 10001-3967	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ▶</td> <td style="width:50%;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>07/01/1956</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>51-6041432</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>(212) 684-5300</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>813000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	07/01/1956	2b Employer Identification Number (EIN)	51-6041432	2c Plan Sponsor's telephone number	(212) 684-5300	2d Business code (see instructions)	813000
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	07/01/1956										
2b Employer Identification Number (EIN)	51-6041432										
2c Plan Sponsor's telephone number	(212) 684-5300										
2d Business code (see instructions)	813000										

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		10/15/25	Anand Patel
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/25	Stuart Applebaum
	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 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
--	--

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 and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	137
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	101
a(2) Total number of active participants at the end of the plan year	6a(2)	95
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	30
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	125
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	126
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	137
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	126
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C 2J 2X

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) - Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information - Small Plan)

(3) **A** (Insurance Information) - Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Delinquent Participant Contributions
Fed ID #51-6041432 Plan #001
Schedule H- Line 4a
December 31, 2024

	<u>Total that Constitutes Nonexempt Prohibited</u>			<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
<u>Participant Contributions Transferred Late to Plan</u>				
2023	\$ -	\$ 8,892	\$ -	\$ -
2024	\$ 275,782	\$ -	\$ -	\$ -

Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule of Assets (Held at End of Year) – Modified Cash Basis
Fed ID #51-6041432 Plan #001
Schedule H- Line 4i
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity, Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Western Asset	Core Plus Bond Fund	\$ 6,885	\$ 6,527
	Western Asset	U.S. Core Plus LLC	12,915,501	12,936,454
	Webster Bank	Money Market	26,643	26,643
	Longview	Longview Broad Market 3000 Index Fund	18,152,154	22,467,458
			<u>\$ 31,101,183</u>	<u>\$ 35,437,082</u>

**Retail Wholesale and Department Store Union Staff Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024**

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Amlagamated Bank	Longview Broad Market 3000 Index Fund	\$ 1,465,132	\$ 3,800,000	\$ -	\$ -	\$ -	\$ -	\$ 2,334,868
Amlagamated Bank	Longview Broad Market 3000 Index Fund	\$ 783,089	\$ 2,200,000	\$ -	\$ -	\$ -	\$ -	\$ 1,416,911