

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC. 1b Three-digit plan number (PN): 003 1c Effective date of plan: 01/01/2006 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 6301 MIDLOTHIAN TPKE RICHMOND, VA 23225-5707 2b Employer Identification Number (EIN): 54-0455395 2c Plan Sponsor's telephone number: 804-745-6300 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3042
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)	2440
	6a(2)	1331
	6b	28
	6c	656
	6d	2015
	6e	3
	6f	2018
	6g(1)	2325
	6g(2)	1770
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:
2G 2J 2K 2E 2S 2T

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</p>	<p>D Employer Identification Number (EIN) 54-0455395</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA SEC. CORP LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	005776	1770	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 1430
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VIRGINIA 4510 COX ROAD SUITE 304 GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1430	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	2546639
5	Current value of plan's interest under this contract in separate accounts at year end.....	12019953
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 2829674
c	(1) Contributions deposited during the year	7c(1) 190756
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 74268
	(4) Transferred from separate account	7c(4) 109929
	(5) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7c(5) 2278
	(6) Total additions	7c(6) 377231
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3206905
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 638559
	(2) Administration charge made by carrier.....	7e(2) 2611
	(3) Transferred to separate account	7e(3) 17321
	(4) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7e(4) 1775
(5) Total deductions	7e(5) 660266	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2546639

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.	D Employer Identification Number (EIN) 54-0455395	

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

DWS **210 WEST 10TH STREET**
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS **82 DEVONSHIRE STREET**
BOSTON, MA 02109

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

GOLDMAN SACHS **200 WEST STREET**
NEW YORK, NY 10282

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

MUTUAL OF AMERICA **320 PARK AVE**
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO
840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT
1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	RECORD KEEPER	18024	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</u>	D Employer Identification Number (EIN) <u>54-0455395</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:	<u>SEPARATE ACCOUNT NUMBER SA2</u>		
b Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA</u>		
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)	
<u>13-1614399-000</u>	<u>P</u>		<u>12019953</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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 SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.	D Employer Identification Number (EIN) 54-0455395	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21112	0
(2) Participant contributions	1b(2)	33158	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	256627	307861
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11141672	12019953
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2573047	2238778
(15) Other	1c(15)	0	0

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	14025616	14566592
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	14025616	14566592

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)	525663	
(B) Participants.....	2a(1)(B)	842506	
(C) Others (including rollovers).....	2a(1)(C)	5686	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1373855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	503	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		503
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1867578
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	3241936

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2682936
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2682936
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)	0
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	18024
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	18024
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2700960

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	540976
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(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: **KEITER**

(2) EIN: **54-1631262**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOODWILL OF CENTRAL AND COASTAL VIRGINIA, INC.</u>	D Employer Identification Number (EIN) <u>54-0455395</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3590259

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)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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 _____.

403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc.

Financial Statements

December 31, 2024 and 2023



4401 Dominion Boulevard
Glen Allen, Virginia 23060
Tel: 804.747.0000
www.keitercpa.com

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc.
Richmond, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of 403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

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.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 2, 2025
Glen Allen, Virginia

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<u>Assets</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$14,566,592	\$13,971,346
Receivables:		
Participant contributions	-	33,158
Employer contributions	-	21,112
Total receivables	-	54,270
Total assets	14,566,592	14,025,616
<u>Net Assets Available for Benefits</u>		
Net assets available for benefits	<u>\$14,566,592</u>	<u>\$14,025,616</u>

See accompanying notes to financial statements.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest	\$ 503	\$ 1,050
Net appreciation in fair value of investments	<u>1,867,578</u>	<u>1,822,671</u>
Net investment income	<u>1,868,081</u>	<u>1,823,721</u>
Contributions:		
Participants	842,506	841,920
Employer	525,663	532,485
Rollovers	<u>5,686</u>	<u>72,607</u>
Total contributions	<u>1,373,855</u>	<u>1,447,012</u>
Total additions	<u>3,241,936</u>	<u>3,270,733</u>
Deductions from net assets attributed to:		
Benefits paid to participants	2,682,936	1,333,697
Administrative expenses	<u>18,024</u>	<u>6,194</u>
Total deductions	<u>2,700,960</u>	<u>1,339,891</u>
Net increase	540,976	1,930,842
Net assets available for benefits:		
Beginning of year	<u>14,025,616</u>	<u>12,094,774</u>
End of year	<u>\$ 14,566,592</u>	<u>\$ 14,025,616</u>

See accompanying notes to financial statements.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements

1. Description of Plan:

The following description of the 403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc. (the "Plan") provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of Goodwill of Central and Coastal Virginia, Inc. (the "Organization"). The Plan is intended to meet the requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended. All employees, except non-resident aliens and employees who are eligible to participate in another tax-advantaged retirement plan sponsored by the Organization, are eligible to make elective deferral contributions to the Plan. Employees are eligible to receive employer matching contributions upon completion of one year of service and completion of 1,000 or more hours of service during a twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: The Plan provides for participant contributions of pre-tax annual compensation, as defined in the Plan. Upon meeting the eligibility requirements, unless elected otherwise, participants are automatically enrolled in the Plan at a 1% deferral rate. The Organization makes safe harbor matching contributions, subject to service requirements, in an amount equal to 100% of the first 3% of eligible compensation contributed to the Plan and 50% of the next 2% of eligible compensation. The Organization may also make a basic contribution, subject to the same age and service requirements as safe harbor matching contributions, as determined by the Board of Directors. Participants with at least 15 years of service may be eligible to make an additional elective deferral. Participants of qualifying age may make additional "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Organization's contributions and (b) Plan earnings or losses and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Investment Options: Participants may direct Mutual of America Life Insurance Company, the custodian, as to the investment of their account balances in accordance with guidelines established by the Plan. Participants may change their investment elections at any time.

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. The Plan operates as a safe harbor 403(b) plan, effective January 1, 2010; thus, a participant is immediately 100% vested in the Organization's safe harbor matching and discretionary contributions, plus actual earnings thereon.

Plan Loans: Participants may borrow from the general assets of Mutual of America Life Insurance Company, the custodian, and not directly from a participant's account, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. Since the loans are not considered plan assets, outstanding balances and the related income are not reported on the statements of net assets available for benefits or the statements of changes in net assets available for benefits of the Plan. The outstanding loan balances were \$307,861 at December 31, 2024, and \$256,627 at December 31, 2023.

Plan Administration: The plan administrator is an Organization employee who is not compensated for administrative services rendered.

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, or hardship withdrawal, as defined in the Plan. A participant is entitled to receive a distribution from the Plan under any of the forms of benefit available under the relevant funding vehicle, with the exception of a hardship withdrawal which must be distributed in a single sum.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies:

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Investment Valuation and Income Recognition: The Plan's investments are stated 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. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued and has determined that except as disclosed below, there are no subsequent events to be reported in the accompanying financial statement.

In June 2025, the Plan transitioned its assets from Mutual of America Life Insurance Company to Empower Trust Company.

3. Fair Value Measurements:

The Financial Accounting Standards Board has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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.
- Level 2 Inputs to the valuation methodology are quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

3. Fair Value Measurements, Continued:

There were no assets or liabilities whose fair value was determined using Level 1, 2, or 3 inputs at December 31, 2024 and 2023.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

General insurance company accounts: Investments are fully liquid cash equivalents and are thus excluded from the fair value hierarchy. Investments in general insurance company accounts totaled \$2,546,639 as of December 31, 2024, and \$2,829,674 as of December 31, 2023.

Separate accounts: Investments consist solely of investments in mutual funds registered with the Securities and Exchange Commission and are valued at the net asset value ("NAV") at which the mutual fund shares are actively traded at year end. Because the investments are maintained in separate accounts, the NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determinable to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The Plan's investments in separate accounts are measured at NAV as a practical expedient, in accordance with Accounting Standard Codification subtopic 820-10, and have not been included in the fair value hierarchy.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

3. Fair Value Measurements, Continued:

Separate accounts, Continued:

The following table summarizes investments measured at fair value based on NAV per share:

As of December 31, 2024				
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Separate accounts	\$ 12,019,953	N/A	Daily	None

As of December 31, 2023				
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Separate accounts	\$ 11,141,672	N/A	Daily	None

4. Administrative Expenses:

Although not required by the Plan, most of the costs of the Plan administration are absorbed by the Organization.

5. Related-Party Transactions:

The Plan invests in a number of the Mutual of America Life Insurance Company's separate accounts and general insurance company accounts. These are related-party transactions and are identified as parties-in-interest in the accompanying schedule of assets held for investment purposes. The Plan paid administrative fees to the custodian totaling \$18,024 during 2024 and \$6,194 during 2023.

6. Plan Termination:

The Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA or to discontinue its contributions at anytime. The Organization has expressed no intention to exercise this right.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

7. Tax Status:

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in the Listing of Required Modifications draft issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the exclusion from tax for Plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. The Plan received a favorable opinion letter from the IRS dated November 29, 2024, confirming its compliance with the applicable requirements of the Code. No provision for income tax has been included in the Plan's financial statements.

Management has evaluated the effects of accounting guidance related to uncertain income tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2024 and 2023. The Plan is not currently under audit by any tax jurisdiction.

8. Risks and Uncertainties:

The Plan provides for various investments in separate accounts and a general insurance company account. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

9. Financial Information Certified by the Qualified Institution:

Mutual of America Life Insurance Company, the custodian of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value;
- Investment income; and
- Schedule of assets (held at end of year).

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(e) Current Value
*	Mutual of America Interest Accumulation Account	General Insurance Company Account	\$ 2,546,639
	American Century VP Capital Appreciation	Separate Account	604,138
	American Funds IS New World Fund	Separate Account	2,842
	Calvert VP SRI Balanced Portfolio	Separate Account	125,858
	Delaware VIP Small Cap Value	Separate Account	578
	Deutsche VSI Capital Growth VIP	Separate Account	240,100
	Fidelity Investments VIP Asset Manager Portfolio	Separate Account	34,642
	Fidelity Investments VIP Contrafund Portfolio	Separate Account	794,811
	Fidelity Investments VIP Equity-Income Portfolio	Separate Account	95,299
	Fidelity Investments VIP Mid Cap Portfolio	Separate Account	544,046
	Goldman Sachs VIT Small Cap Equity Insights	Separate Account	1,000
	Goldman Sachs VIT US Equity Insights	Separate Account	3,560
	MFS VIT III Mid Cap Value Portfolio	Separate Account	99
*	Mutual of America 2015 Retirement Fund	Separate Account	31,280
*	Mutual of America 2020 Retirement Fund	Separate Account	110,955
*	Mutual of America 2025 Retirement Fund	Separate Account	281,930
*	Mutual of America 2030 Retirement Fund	Separate Account	400,330
*	Mutual of America 2035 Retirement Fund	Separate Account	1,644,527
*	Mutual of America 2040 Retirement Fund	Separate Account	707,590
*	Mutual of America 2045 Retirement Fund	Separate Account	478,680

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(e) Current Value
*	Mutual of America 2050 Retirement Fund	Separate Account	\$ 259,305
*	Mutual of America 2055 Retirement Fund	Separate Account	322,372
*	Mutual of America 2060 Retirement Fund	Separate Account	226,797
*	Mutual of America 2065 Retirement Fund	Separate Account	125,484
*	Mutual of America Aggressive Allocation Fund	Separate Account	186,617
*	Mutual of America All America Fund	Separate Account	17,534
*	Mutual of America Bond Fund	Separate Account	81,194
*	Mutual of America Balanced Fund	Separate Account	1,528,772
*	Mutual of America Conservative Allocation Fund	Separate Account	75,621
*	Mutual of America Equity Index Fund	Separate Account	1,437,406
*	Mutual of America International Fund	Separate Account	30,620
*	Mutual of America Mid Cap Equity Index Fund	Separate Account	166,562
*	Mutual of America Mid Cap Value Fund	Separate Account	31,903
*	Mutual of America Intermediate Bond Fund	Separate Account	35,268
*	Mutual of America Moderate Allocation Fund	Separate Account	72,124
*	Mutual of America Money Market Fund	Separate Account	7,930
*	Mutual of America Retirement Income Fund	Separate Account	33,882
*	Mutual of America Small Cap Growth Fund	Separate Account	195,993
*	Mutual of America Small Cap Equity Index Fund	Separate Account	32,489

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Current Value	
* Mutual of America Small Cap Value Fund	Separate Account	\$ 116,038	
Neiberger Berman AMT Sustainable Equity	Separate Account	74,966	
Invesco V.I. Main Street Fund	Separate Account	25,665	
PIMCO VIT Real Return Portfolio	Separate Account	1,075	
T. Rowe Price Blue Chip Growth Portfolio	Separate Account	457,965	
Vanguard VIF Total Bond Market Index Portfolio	Separate Account	7,875	
Vanguard VIF Diversified Value Portfolio	Separate Account	190,778	
Vanguard VIF International Portfolio	Separate Account	140,391	
Vanguard VIF Real Estate Index Portfolio	Separate Account	35,029	
Victory RS Small Cap Growth Equity	Separate Account	33	
		<u>\$ 14,566,592</u>	

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report.

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Goodwill of Central and Coastal Virginia, Inc.
EIN: 54-0455395
Plan Number: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Closing Value
	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		604,138
	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		2,842
	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		125,858
	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		240,100
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		34,642
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		794,811
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		95,299
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		544,046
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		1,000
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		3,560
	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		25,665
	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		578
	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		99
	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		186,617
	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		17,534
	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		1,528,772
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		31,280
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		110,955
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		281,930
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		400,330
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		1,644,527
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		707,590
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		478,680
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		259,305
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		322,372
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		226,797
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		125,484
	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		75,621
	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		81,194
	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		1,437,406
	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		35,268
	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		30,620
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		166,562
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		31,903
	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		72,124
	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		33,882
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		32,489
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		195,993
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		116,038
	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		7,930
	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		2,546,639

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Goodwill of Central and Coastal Virginia, Inc.
EIN: 54-0455395
Plan Number: 003

.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		74,966
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		1,075
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		457,965
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		190,778
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		140,391
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		35,029
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		7,875
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		33

403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc.

Financial Statements

December 31, 2024 and 2023



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**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc.
Richmond, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of 403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

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.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 2, 2025
Glen Allen, Virginia

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<u>Assets</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value	<u>\$14,566,592</u>	<u>\$13,971,346</u>
Receivables:		
Participant contributions	-	33,158
Employer contributions	-	<u>21,112</u>
Total receivables	<u>-</u>	<u>54,270</u>
Total assets	<u>14,566,592</u>	<u>14,025,616</u>
<u>Net Assets Available for Benefits</u>		
Net assets available for benefits	<u>\$14,566,592</u>	<u>\$14,025,616</u>

See accompanying notes to financial statements.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest	\$ 503	\$ 1,050
Net appreciation in fair value of investments	<u>1,867,578</u>	<u>1,822,671</u>
Net investment income	<u>1,868,081</u>	<u>1,823,721</u>
Contributions:		
Participants	842,506	841,920
Employer	525,663	532,485
Rollovers	<u>5,686</u>	<u>72,607</u>
Total contributions	<u>1,373,855</u>	<u>1,447,012</u>
Total additions	<u>3,241,936</u>	<u>3,270,733</u>
Deductions from net assets attributed to:		
Benefits paid to participants	2,682,936	1,333,697
Administrative expenses	<u>18,024</u>	<u>6,194</u>
Total deductions	<u>2,700,960</u>	<u>1,339,891</u>
Net increase	540,976	1,930,842
Net assets available for benefits:		
Beginning of year	<u>14,025,616</u>	<u>12,094,774</u>
End of year	<u>\$ 14,566,592</u>	<u>\$ 14,025,616</u>

See accompanying notes to financial statements.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements

1. Description of Plan:

The following description of the 403(b) Thrift Plan of Goodwill of Central and Coastal Virginia, Inc. (the "Plan") provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of Goodwill of Central and Coastal Virginia, Inc. (the "Organization"). The Plan is intended to meet the requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended. All employees, except non-resident aliens and employees who are eligible to participate in another tax-advantaged retirement plan sponsored by the Organization, are eligible to make elective deferral contributions to the Plan. Employees are eligible to receive employer matching contributions upon completion of one year of service and completion of 1,000 or more hours of service during a twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: The Plan provides for participant contributions of pre-tax annual compensation, as defined in the Plan. Upon meeting the eligibility requirements, unless elected otherwise, participants are automatically enrolled in the Plan at a 1% deferral rate. The Organization makes safe harbor matching contributions, subject to service requirements, in an amount equal to 100% of the first 3% of eligible compensation contributed to the Plan and 50% of the next 2% of eligible compensation. The Organization may also make a basic contribution, subject to the same age and service requirements as safe harbor matching contributions, as determined by the Board of Directors. Participants with at least 15 years of service may be eligible to make an additional elective deferral. Participants of qualifying age may make additional "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Organization's contributions and (b) Plan earnings or losses and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Investment Options: Participants may direct Mutual of America Life Insurance Company, the custodian, as to the investment of their account balances in accordance with guidelines established by the Plan. Participants may change their investment elections at any time.

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. The Plan operates as a safe harbor 403(b) plan, effective January 1, 2010; thus, a participant is immediately 100% vested in the Organization's safe harbor matching and discretionary contributions, plus actual earnings thereon.

Plan Loans: Participants may borrow from the general assets of Mutual of America Life Insurance Company, the custodian, and not directly from a participant's account, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. Since the loans are not considered plan assets, outstanding balances and the related income are not reported on the statements of net assets available for benefits or the statements of changes in net assets available for benefits of the Plan. The outstanding loan balances were \$307,861 at December 31, 2024, and \$256,627 at December 31, 2023.

Plan Administration: The plan administrator is an Organization employee who is not compensated for administrative services rendered.

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, or hardship withdrawal, as defined in the Plan. A participant is entitled to receive a distribution from the Plan under any of the forms of benefit available under the relevant funding vehicle, with the exception of a hardship withdrawal which must be distributed in a single sum.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies:

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Investment Valuation and Income Recognition: The Plan's investments are stated 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. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued and has determined that except as disclosed below, there are no subsequent events to be reported in the accompanying financial statement.

In June 2025, the Plan transitioned its assets from Mutual of America Life Insurance Company to Empower Trust Company.

3. Fair Value Measurements:

The Financial Accounting Standards Board has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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.
- Level 2 Inputs to the valuation methodology are quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

3. Fair Value Measurements, Continued:

There were no assets or liabilities whose fair value was determined using Level 1, 2, or 3 inputs at December 31, 2024 and 2023.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

General insurance company accounts: Investments are fully liquid cash equivalents and are thus excluded from the fair value hierarchy. Investments in general insurance company accounts totaled \$2,546,639 as of December 31, 2024, and \$2,829,674 as of December 31, 2023.

Separate accounts: Investments consist solely of investments in mutual funds registered with the Securities and Exchange Commission and are valued at the net asset value ("NAV") at which the mutual fund shares are actively traded at year end. Because the investments are maintained in separate accounts, the NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determinable to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The Plan's investments in separate accounts are measured at NAV as a practical expedient, in accordance with Accounting Standard Codification subtopic 820-10, and have not been included in the fair value hierarchy.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

3. Fair Value Measurements, Continued:

Separate accounts, Continued:

The following table summarizes investments measured at fair value based on NAV per share:

As of December 31, 2024				
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Separate accounts	\$ 12,019,953	N/A	Daily	None

As of December 31, 2023				
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Separate accounts	\$ 11,141,672	N/A	Daily	None

4. Administrative Expenses:

Although not required by the Plan, most of the costs of the Plan administration are absorbed by the Organization.

5. Related-Party Transactions:

The Plan invests in a number of the Mutual of America Life Insurance Company's separate accounts and general insurance company accounts. These are related-party transactions and are identified as parties-in-interest in the accompanying schedule of assets held for investment purposes. The Plan paid administrative fees to the custodian totaling \$18,024 during 2024 and \$6,194 during 2023.

6. Plan Termination:

The Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA or to discontinue its contributions at anytime. The Organization has expressed no intention to exercise this right.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

Notes to Financial Statements, Continued

7. Tax Status:

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in the Listing of Required Modifications draft issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the exclusion from tax for Plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. The Plan received a favorable opinion letter from the IRS dated November 29, 2024, confirming its compliance with the applicable requirements of the Code. No provision for income tax has been included in the Plan's financial statements.

Management has evaluated the effects of accounting guidance related to uncertain income tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2024 and 2023. The Plan is not currently under audit by any tax jurisdiction.

8. Risks and Uncertainties:

The Plan provides for various investments in separate accounts and a general insurance company account. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

9. Financial Information Certified by the Qualified Institution:

Mutual of America Life Insurance Company, the custodian of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value;
- Investment income; and
- Schedule of assets (held at end of year).

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(e) Current Value
*	Mutual of America Interest Accumulation Account	General Insurance Company Account	\$ 2,546,639
	American Century VP Capital Appreciation	Separate Account	604,138
	American Funds IS New World Fund	Separate Account	2,842
	Calvert VP SRI Balanced Portfolio	Separate Account	125,858
	Delaware VIP Small Cap Value	Separate Account	578
	Deutsche VSI Capital Growth VIP	Separate Account	240,100
	Fidelity Investments VIP Asset Manager Portfolio	Separate Account	34,642
	Fidelity Investments VIP Contrafund Portfolio	Separate Account	794,811
	Fidelity Investments VIP Equity-Income Portfolio	Separate Account	95,299
	Fidelity Investments VIP Mid Cap Portfolio	Separate Account	544,046
	Goldman Sachs VIT Small Cap Equity Insights	Separate Account	1,000
	Goldman Sachs VIT US Equity Insights	Separate Account	3,560
	MFS VIT III Mid Cap Value Portfolio	Separate Account	99
*	Mutual of America 2015 Retirement Fund	Separate Account	31,280
*	Mutual of America 2020 Retirement Fund	Separate Account	110,955
*	Mutual of America 2025 Retirement Fund	Separate Account	281,930
*	Mutual of America 2030 Retirement Fund	Separate Account	400,330
*	Mutual of America 2035 Retirement Fund	Separate Account	1,644,527
*	Mutual of America 2040 Retirement Fund	Separate Account	707,590
*	Mutual of America 2045 Retirement Fund	Separate Account	478,680

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report.

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Current Value	
* Mutual of America 2050 Retirement Fund	Separate Account	\$ 259,305	
* Mutual of America 2055 Retirement Fund	Separate Account	322,372	
* Mutual of America 2060 Retirement Fund	Separate Account	226,797	
* Mutual of America 2065 Retirement Fund	Separate Account	125,484	
* Mutual of America Aggressive Allocation Fund	Separate Account	186,617	
* Mutual of America All America Fund	Separate Account	17,534	
* Mutual of America Bond Fund	Separate Account	81,194	
* Mutual of America Balanced Fund	Separate Account	1,528,772	
* Mutual of America Conservative Allocation Fund	Separate Account	75,621	
* Mutual of America Equity Index Fund	Separate Account	1,437,406	
* Mutual of America International Fund	Separate Account	30,620	
* Mutual of America Mid Cap Equity Index Fund	Separate Account	166,562	
* Mutual of America Mid Cap Value Fund	Separate Account	31,903	
* Mutual of America Intermediate Bond Fund	Separate Account	35,268	
* Mutual of America Moderate Allocation Fund	Separate Account	72,124	
* Mutual of America Money Market Fund	Separate Account	7,930	
* Mutual of America Retirement Income Fund	Separate Account	33,882	
* Mutual of America Small Cap Growth Fund	Separate Account	195,993	
* Mutual of America Small Cap Equity Index Fund	Separate Account	32,489	

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report

**403(B) THRIFT PLAN OF GOODWILL
OF CENTRAL AND COASTAL VIRGINIA, INC.**

EIN: 54-0455395 PLAN: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Current Value	
* Mutual of America Small Cap Value Fund	Separate Account	\$ 116,038	
Neiberger Berman AMT Sustainable Equity	Separate Account	74,966	
Invesco V.I. Main Street Fund	Separate Account	25,665	
PIMCO VIT Real Return Portfolio	Separate Account	1,075	
T. Rowe Price Blue Chip Growth Portfolio	Separate Account	457,965	
Vanguard VIF Total Bond Market Index Portfolio	Separate Account	7,875	
Vanguard VIF Diversified Value Portfolio	Separate Account	190,778	
Vanguard VIF International Portfolio	Separate Account	140,391	
Vanguard VIF Real Estate Index Portfolio	Separate Account	35,029	
Victory RS Small Cap Growth Equity	Separate Account	33	
		<u>\$ 14,566,592</u>	

(d) "Cost" is not required as all investments are participant directed

* Indicates a party-in-interest to the Plan

See independent auditor's report.