

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 503
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES
2b Employer Identification Number (EIN): 46-0688991
2c Plan Sponsor's telephone number: 210-924-8581
2d Business code (see instructions): 238900

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	603
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)	603
	6a(2)	1555
	6b	0
	6c	0
	6d	1555
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

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

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 checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</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 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 style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES</p>	<p>D Employer Identification Number (EIN) 46-0688991</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
VISION SERVICE PLAN

(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
06-1227840	39616	30072451	1087	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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">9310</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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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

SPIRE RISK MANAGEMENT, LLC 2101 MCCULLOUGH AVE, SUITE 210
SAN ANTONIO, TX 78212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9310			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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	(c) Amount	(d) Purpose	

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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	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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 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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** 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)
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)
	(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)
	(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	96304
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. Specify nature of costs.	10b	

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. ▶

<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 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES</p>	<p>D Employer Identification Number (EIN) 46-0688991</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
BLUECROSS BLUESHIELD OF TEXAS

(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
36-1236610	70670	195879	1553	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	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** 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)	10250673	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
	(4) Earned ((1) + (2) - (3))	9a(4)		10250673
b	Benefit charges (1) Claims paid	9b(1)	10876272	
	(2) Increase (decrease) in claim reserves	9b(2)	0	
	(3) Incurred claims (add (1) and (2))	9b(3)		10876272
	(4) Claims charged	9b(4)		10876272
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	142234	
	(B) Administrative service or other fees	9c(1)(B)	0	
	(C) Other specific acquisition costs	9c(1)(C)	0	
	(D) Other expenses	9c(1)(D)	0	
	(E) Taxes	9c(1)(E)	0	
	(F) Charges for risks or other contingencies	9c(1)(F)	0	
	(G) Other retention charges	9c(1)(G)	0	
	(H) Total retention	9c(1)(H)		142234
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		0
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		0
	(2) Claim reserves	9d(2)		0
	(3) Other reserves	9d(3)		0
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		0

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1576863	
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES</p>	<p>D Employer Identification Number (EIN) 46-0688991</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
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	623038	1555	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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">54402</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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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

SPIRE RISK MANAGEMENT, LLC 2101 MCCULLOUGH AVE, SUITE 210
SAN ANTONIO, TX 78212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54402	0		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	

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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	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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 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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** 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) **▶ ACCIDENTAL DEATH AND DISMEMBERMENT, EMPLOYEE ASSISTANCE PROGRAM**

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)
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)
	(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)
	(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	882969
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. Specify nature of costs.	10b	

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 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES	D Employer Identification Number (EIN) 46-0688991	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TRIA HEALTH

27-1515235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TELEHEALTH	27048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GSA NATIONAL

45-2712335

(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	TPA	177045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BCBSTX HEALTH CARE SERVICE CORP A

36-1236610

(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	BENEFITS	638039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	49350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BDO USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	21258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES	D Employer Identification Number (EIN) 46-0688991

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	422535
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	360165
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	782700	363420
Liabilities			
g Benefit claims payable.....	1g	348085	476687
h Operating payables.....	1h	228716	254539
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	576801	731226
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	205899	-367806

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)	5637996	
(B) Participants.....	2a(1)(B)	560363	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6198359
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11922	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11922
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6210281

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4452118	
(2) To insurance carriers for the provision of benefits	2e(2)	275530	
(3) Other	2e(3)	666537	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5394185
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)	1340451	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	49350	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1389801
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6783986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-573705
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		100000
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.)			
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 _____.

**Goodwill Industries of San Antonio
Contract Services Health and Welfare
Plan**

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

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Independent Auditors' Report

To the Plan Administrator of
Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

We have performed audits of the financial statements of Goodwill Industries of San Antonio Contract Services Health and Welfare Plan (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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Goodwill Industries of San Antonio Contract Services Health and Welfare 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 year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, 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 of America.
- The information in the accompanying financial statements 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 of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Goodwill Industries of San Antonio Contract Services Health and Welfare 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 for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Goodwill Industries of San Antonio Contract Services Health and Welfare Plan's ability to continue as a going concern for at least one year following the date that 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Goodwill Industries of San Antonio Contract Services Health and Welfare 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 Goodwill Industries of San Antonio Contract Services Health and Welfare 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 of America.

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 of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Baker Tilly US, LLP

Frisco, Texas
October 14, 2025

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value	\$ 331,863	\$ 360,165
Receivables		
Employer contributions	31,557	422,535
Total assets	363,420	782,700
Liabilities		
Payables		
Due to related plan	52,550	25,350
Accrued expenses	201,989	203,366
Total liabilities	254,539	228,716
Net assets available for benefits	\$ 108,881	\$ 553,984

See notes to financial statements

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Investment income

Interest and dividends \$ 11,922

Contributions

Participant contributions 560,363

Employer contributions 5,637,996

Total contributions 6,198,359

Total additions 6,210,281

Deductions

Administrative expenses 1,389,801

Payment to related plan 666,537

Payments of claims, net 4,323,516

Payments of premiums to insurance entities 275,530

Total deductions 6,655,384

Net decrease (445,103)

Net assets available for benefits

Beginning of year 553,984

End of year \$ 108,881

See notes to financial statements

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Goodwill Industries of San Antonio Contract Services Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan provides health and other benefits to eligible participants of Goodwill Industries of San Antonio Contract Services (the Sponsor). The assets of the Plan are held in a voluntary employees' beneficiary association trust (VEBA), which is intended to qualify as a tax-exempt trust under section 501(c)(9) of the Internal Revenue Code (IRC). The Plan is an employee benefit plan subject to the provisions of the Employee Retirement and Income Security Act of 1974 (ERISA), as amended.

Eligibility

As dictated by the nature of federal contracts associated with Goodwill Industries of San Antonio Contract Services Division, all nonmanagement employees working on said contracts are required to enroll in the Plan. Employees begin receiving benefits on the first day of the month following the completion of 60 days of employment. Employees are eligible to contribute on behalf of dependents who are eligible to be enrolled in the Plan upon the completion of 60 days of employment.

Benefits

The Plan provides medical, dental, vision and prescription drug coverage to all employees. In addition, full-time employees are provided accidental death and disability and employee life insurance benefits. Employees may enroll in short term disability benefits and additional life policies for spouses and children. The Plan fully insures vision, accidental death and disability, short term disability, and life insurance benefits, all other benefits are self-insured. The Plan carries a stop-loss insurance policy, which covers aggregate claims in excess of the deductible, as specified in the contract.

Contributions

The Sponsor contributes an amount based on hourly fringe rates set by the Department of Labor (DOL), multiplied by hours worked by Plan participants. The maximum hours applied to the contribution calculation, inclusive of any applicable Family Medical Leave Act hours, is 80 hours per biweekly period. The rate ranged between \$4.41 and \$4.93 per hour for the year ended December 31, 2024. Cumulative fringe contributions to the Plan in excess of individual premium benefits are contributed to a money-purchase retirement plan funded by the Plan Sponsor (see Note 2).

Plan participants may contribute specified amounts, as determined by the plan document, to extend coverage to eligible dependents. In addition, participants electing Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage also contribute specified amounts to the Plan.

Plan Administration

The Sponsor has contracted with third-party service providers to facilitate administration of the Plan. Service providers have the ability to manage and disburse the Plan's funds pursuant to the trust agreement under which the service providers are contracted. Goodwill Industries of San Antonio serves as the Plan's administrator and Wilmington Trust, NA serves as the Plan's trustee (the Trustee).

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

For the year ended December 31, 2024, the following third-party service providers were used:

- *GSA National* - Claims record-keeper and administrator, providing administrative services and maintaining claim related records.
- *Spire Risk Management* - The Plan's broker.
- *Blue Cross Blue Shield* - Providing claims processing and access to Blue Cross Blue Shield's provider network.
- *Wilmington Trust, NA* - Plan Trustee and custodian of Plan assets

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Employer Receivable

The Sponsor is contractually obligated to contribute an amount based on hourly fringe rates set by the DOL, multiplied by hours worked by Plan participants. From time to time, this amount may exceed the associated benefit cost on a per participant basis. These excess funds are tracked on a per participant basis and used to pay future benefit costs. The Plan reviews these excesses and, upon determining that the excess will likely not be required to pay future benefit costs within the Plan, the excesses are remitted to the participant's money-purchase retirement plan, funded by the general assets of the plan sponsor. Contractually obligated future benefits totaled \$1,064,347 and \$967,218 as of December 31, 2024 and 2023, respectively, and are reported as an employer receivable, net of unapplied deposits received of \$1,032,790 and \$544,683 as of December 31, 2024 and 2023, respectively, on the accompanying statements of net assets available for benefits and benefit obligations. Excess funds remitted to the money-purchase plan in 2024 totaled \$666,537, which are recorded as payment to related plan on the Statement of Changes in Net Assets Available for Benefits.

Stop-Loss Insurance

The Plan maintains stop-loss insurance to limit the risk associated with particular claims becoming excessively large and compromising the assets of the Plan. Proceeds from stop-loss insurance are netted against payment of claims to and on behalf of participants in the Statement of Changes in Net Assets Available for Benefits. For the year ended December 31, 2024, stop-loss proceeds totaled approximately \$538,531. There was no stop-loss insurance receivables as of December 31, 2024 or 2023.

Rebate Credits

Rebates due from the Plan's claims processor are recorded when earned. Rebates totaling \$444,830 have been netted with payment of claims in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administration fees in the accompanying Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Plan Benefit Obligations

At December 31, 2024 and 2023, the Plan's benefit obligations for medical, prescription, and dental claims payable and incurred but not reported have been estimated based on historical claims cost data and aggregate stop-loss limits provided under the Plan. These amounts are paid by the Plan once claims are submitted and approved for payment.

The following table presents the components of the benefit obligations as of December 31, 2024 and 2023:

	2024	2023
Claims incurred, but not reported	\$ 381,760	\$ 348,085
Claims payable	94,927	-
Amounts currently payable	\$ 476,687	\$ 348,085

The change in the benefit obligation for the year ended December 31, 2024 consists of the following:

Benefit Obligations	
Beginning of year	\$ 348,085
Claims and premiums incurred	4,727,648
Claims and premiums paid	(4,599,046)
Benefit obligations, end of year	\$ 476,687

Payment of Claims and Premiums

Claims and premiums are recorded as a reduction to net assets available for benefits when paid.

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

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

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market fund	\$ 331,863	\$ -	\$ -	\$ 331,863
Total investments at fair value	\$ 331,863	\$ -	\$ -	\$ 331,863

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ 360,165	\$ -	\$ -	\$ 360,165
Total investments at fair value	\$ 360,165	\$ -	\$ -	\$ 360,165

4. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$331,863 and \$360,165, respectively, that were concentrated in one investment.

5. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Wilmington Trust, NA, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

6. Related-Party and Party in Interest Transactions

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Written termination notice is required by the Sponsor at least 60 days, but not more than 90 days, prior to the anniversary date of effective coverage under the Plan. It also may be terminated immediately on written notice to a party in default of the Trust Agreement.

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

8. Tax Status

The VEBA trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the IRC, and accordingly, the trust's net investment income is exempt from income taxes. On August 4, 2014, an opinion letter was received from the Internal Revenue Service (IRS) granting tax exempt status as of April 1, 2013. As a result of the tax status determination, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, concentration, and credit risks. Market risks include global events which could impact the value of the investment security such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 108,881	\$ 553,984
Less amounts currently payable	(476,687)	(348,085)
Net assets available for benefits per Form 5500	\$ (367,806)	\$ 205,899

The following is a reconciliation of the decrease in net assets per the financial statements for the year ended December 31, 2024 to Form 5500:

Decrease per the financial statements	\$ (445,103)
Less amounts currently payable current year end	(476,687)
Add amounts currently payable prior year end	348,085
Decrease in net assets per Form 5500	\$ (573,705)

Claims payable and incurred, but not reported, are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 46-0688991 Plan Number: 503

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLCT	\$ 331,863	\$ 331,863
			\$ 331,863	\$ 331,863

*A party in interest as defined by ERISA

N/R - cost omitted for participant directed investment

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ -	\$ 63,074	\$ -	\$ -	\$ 63,074	\$ 63,074
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	91,756	-	-	91,756	91,756
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	57,395	-	-	57,395	57,395
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	303,075	-	-	303,075	303,075
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	110,800	-	-	110,800	110,800
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	102,779	-	-	102,779	102,779
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	103,062	-	-	103,062	103,062
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	140,665	-	-	140,665	140,665
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,467	-	-	21,467	21,467
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	62,843	-	-	62,843	62,843
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	52,865	-	-	52,865	52,865
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	258,459	-	-	258,459	258,459
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	67,995	-	-	67,995	67,995

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	\$ -	\$ 28,866	\$ -	\$ -	\$ 28,866	\$ 28,866	\$ -
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	69,361	-	-	69,361	69,361	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	51,929	-	-	51,929	51,929	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	362,389	-	-	-	362,389	362,389	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	49,842	-	-	49,842	49,842	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	85,573	-	-	85,573	85,573	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	19,465	-	-	19,465	19,465	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	62,640	-	-	62,640	62,640	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	58,073	-	-	58,073	58,073	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	360,982	-	-	-	360,982	360,982	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	49,391	-	-	49,391	49,391	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	85,375	-	-	85,375	85,375	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	20,341	-	-	20,341	20,341	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	49,895	-	-	49,895	49,895	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	108,381	-	-	108,381	108,381	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	62,615	-	-	62,615	62,615	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	85,481	-	-	85,481	85,481	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	61,191	-	-	61,191	61,191	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	74,477	-	-	74,477	74,477	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	35,069	-	-	35,069	35,069	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	77,078	-	-	77,078	77,078	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	148,549	-	-	148,549	148,549	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	95,283	-	-	95,283	95,283	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	162,045	-	-	162,045	162,045	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	85,167	-	-	85,167	85,167	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	85,387	-	-	85,387	85,387	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	244,526	-	-	244,526	244,526	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	35,091	-	-	35,091	35,091	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	109,926	-	-	109,926	109,926	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	101,214	-	-	101,214	101,214	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	55,443	-	-	55,443	55,443	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	120,068	-	-	120,068	120,068	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	158,451	-	-	158,451	158,451	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	106,044	-	-	106,044	106,044	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	22,585	-	-	22,585	22,585	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	28,923	-	-	28,923	28,923	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	128,959	-	-	128,959	128,959	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	58,100	-	-	58,100	58,100	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	66,663	-	-	66,663	66,663	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	273,813	-	-	273,813	273,813	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	88,905	-	-	88,905	88,905	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	60,135	-	-	60,135	60,135	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	107,767	-	-	107,767	107,767	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	147,072	-	-	147,072	147,072	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	125,042	-	-	125,042	125,042	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	63,669	-	-	63,669	63,669	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	143,996	-	-	143,996	143,996	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	550,000	-	-	-	550,000	550,000	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	70,865	-	-	70,865	70,865	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	150,958	-	-	150,958	150,958	-
Series Transactions								
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	5,785,311	-	-	-	5,785,311	5,785,311	-
*	Wilmington Trust, NA Wilmington US Treasury Money Market Class SLC	-	5,814,553	-	-	5,814,553	5,814,553	-

*A party in interest as defined by ERISA.

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


- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES</u></p> <p><u>406 WEST COMMERCE STREET</u> <u>SAN ANTONIO, TX 78207</u></p>	<p>1c Effective date of plan <u>01/01/2013</u></p> <p>2b Employer Identification Number (EIN) <u>46-0688991</u></p> <p>2c Plan Sponsor's telephone number <u>210-924-8581</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	DocuSigned by:  12BD5D4204EA4B5...	10/15/2025	Joseph Pope
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">603</td> </tr> </table>	5	603																		
5	603																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">603</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">1555</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">1555</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)	603	6a(2)	1555	6b	0	6c	0	6d	1555	6e		6f		6g(1)		6g(2)		6h	
6a(1)	603																				
6a(2)	1555																				
6b	0																				
6c	0																				
6d	1555																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																					

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

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

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

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

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 46-0688991 Plan Number: 503

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLCT	\$ 331,863	\$ 331,863
			\$ 331,863	\$ 331,863

*A party in interest as defined by ERISA

N/R - cost omitted for participant directed investment

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ -	\$ 63,074	\$ -	\$ -	\$ 63,074	\$ 63,074	\$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	91,756	-	-	91,756	91,756	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	57,395	-	-	57,395	57,395	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	303,075	-	-	303,075	303,075	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	110,800	-	-	110,800	110,800	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	102,779	-	-	102,779	102,779	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	103,062	-	-	103,062	103,062	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	140,665	-	-	140,665	140,665	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,467	-	-	21,467	21,467	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	62,843	-	-	62,843	62,843	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	52,865	-	-	52,865	52,865	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	258,459	-	-	258,459	258,459	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	67,995	-	-	67,995	67,995	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ -	\$ 28,866	\$ -	\$ -	\$ 28,866	\$ 28,866	\$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	69,361	-	-	69,361	69,361	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	51,929	-	-	51,929	51,929	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	362,389	-	-	-	362,389	362,389	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	49,842	-	-	49,842	49,842	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	85,573	-	-	85,573	85,573	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	19,465	-	-	19,465	19,465	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	62,640	-	-	62,640	62,640	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	58,073	-	-	58,073	58,073	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	360,982	-	-	-	360,982	360,982	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	49,391	-	-	49,391	49,391	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	85,375	-	-	85,375	85,375	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	20,341	-	-	20,341	20,341	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	49,895	-	-	49,895	49,895	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	108,381	-	-	108,381	108,381	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	62,615	-	-	62,615	62,615	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	85,481	-	-	85,481	85,481	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	61,191	-	-	61,191	61,191	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	74,477	-	-	74,477	74,477	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,069	-	-	35,069	35,069	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	77,078	-	-	77,078	77,078	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	148,549	-	-	148,549	148,549	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	95,283	-	-	95,283	95,283	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	162,045	-	-	162,045	162,045	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	85,167	-	-	85,167	85,167	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	85,387	-	-	85,387	85,387	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	244,526	-	-	244,526	244,526	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,091	-	-	35,091	35,091	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	109,926	-	-	109,926	109,926	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	101,214	-	-	101,214	101,214	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	55,443	-	-	55,443	55,443	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,068	-	-	120,068	120,068	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	158,451	-	-	158,451	158,451	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	106,044	-	-	106,044	106,044	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	22,585	-	-	22,585	22,585	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	28,923	-	-	28,923	28,923	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	128,959	-	-	128,959	128,959	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	58,100	-	-	58,100	58,100	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,663	-	-	66,663	66,663	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	450,000	-	-	-	450,000	450,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	273,813	-	-	273,813	273,813	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	88,905	-	-	88,905	88,905	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	60,135	-	-	60,135	60,135	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ 450,000	\$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	107,767	-	-	107,767	107,767	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	147,072	-	-	147,072	147,072	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	125,042	-	-	125,042	125,042	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	63,669	-	-	63,669	63,669	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	143,996	-	-	143,996	143,996	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	550,000	-	-	-	550,000	550,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	70,865	-	-	70,865	70,865	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	150,958	-	-	150,958	150,958	-
Series Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	5,785,311	-	-	-	5,785,311	5,785,311	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	5,814,553	-	-	5,814,553	5,814,553	-

*A party in interest as defined by ERISA.