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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1987

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)
GOODWILL INDUSTRIES INTERNATIONAL, INC.

15810 INDIANOLA DRIVE
ROCKVILLE, MD 20855-2639

2b Employer Identification Number (EIN) 53-0196517

2c Plan Sponsor's telephone number 301-530-6500

2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	CATALINA SERNA-VALENCIA
	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 [X] 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**	250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	168
a(2) Total number of active participants at the end of the plan year	**6a(2)**	178
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	223
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	225
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	212
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA 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
13-1614399	88668	012570-B	20	01/01/2025	12/31/2025

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

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
	(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
	(c) Amount	**(d)** Purpose	

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

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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.

4	Current value of plan's interest under this contract in the general account at year end	4	24274
5	Current value of plan's interest under this contract in separate accounts at year end	5	743577

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	28634
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	793		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	793
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	29427
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5082		
	(2) Administration charge made by carrier	7e(2)	71		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	5153
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	24274

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

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
PRINCIPAL 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
42-0127290	61271	613953	223	01/01/2025	12/31/2025

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

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
	(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
	(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
	(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	1174033
c	Additions: (1) Contributions deposited during the year	7c(1)	56455		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	31176		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	752999		
	▶ OUTSIDE INVESTMENT TRANSFER; $1 ROUNDING				
	(6)Total additions			7c(6)	840630
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2014663
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1741		
	(2) Administration charge made by carrier	7e(2)	2353		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	21825		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	25919
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1988744

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

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
VOYA RETIREMENT INSURANCE & ANNUITY CO.

(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
71-0294708	86509	VE0048	5	01/01/2025	12/31/2025

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
291	7

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

JOHN A BROSNAHAN
11350 RANDOM HILLS RD
STE 800
FAIRFAX, VA 22030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
207	4	OTHER COMPENSATION	3

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

JANE E LUKE
12150 MONUMENT DR
STE 850
FAIRFAX, VA 22033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84	3	OTHER COMPENSATION	3

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

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

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

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

(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
	(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	223938
5	Current value of plan's interest under this contract in separate accounts at year end	5	67852

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.	6d	

Specify nature of costs ▶

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	223984
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8943		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	477		
	▶ ADJUSTMENT				
	(6)Total additions			7c(6)	9420
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	233404
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8949		
	(2) Administration charge made by carrier	7e(2)	40		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	8989
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	224415

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

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).. . . . . [X] 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

FIDELITY MANAGEMENT & RESEARCH CO.
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

THE VANGUARD GROUP
P. O. BOX 2600
VALLEY FORGE, PA 19482-2600

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

DEUTSCHE INVESTMENT MANAGEMENT INC.
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

OPPENHEIMER FUNDS, INC.
P. O. BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MGMT

P. O. BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT INVESTMENT MGMT

4550 MONTGOMERY AVE. SUITE 1000N
BETHESDA, MD 20814

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VOYA RETIREMENT INS & ANNUITY CO

71-0294708

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

AMERICAN FUNDS

P. O. BOX 2280
NORFOLK, VA 23501

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	38974	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER 1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-001	P	743578

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	67852

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

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)	50129	766492
(2) Participant contributions	1b(2)	66460	43310
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	554604	778467
(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)	202880	345668
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	751283	811430
(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)	28547038	33288087
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1426527	2237432
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	31598921	38270886
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	31598921	38270886

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)	2044999	
(B) Participants	2a(1)(B)	1587547	
(C) Others (including rollovers)	2a(1)(C)	166212	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3798758
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26221	
(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)	19801	
(F) Other	2b(1)(F)	40912	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		86934
(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)	2006373	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2006373
(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)		0
(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)		0

		(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)		94375
(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)		2428103
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8414543
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1703604	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1703604
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)	38974	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(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)		38974
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1742578
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6671965
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)** [X] 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) [X] 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: RSM US LLP **(2)** EIN: 42-0714325

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES INTERNATIONAL, INC.

D Employer Identification Number (EIN)
53-0196517

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 42-0127290 13-1614399

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 38

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

403(b) Thrift Plan of Goodwill Industries International, Inc.

Financial Report
December 31, 2025

Contents

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RSM US LLP

Independent Auditor's Report

Audit Committee and Participants
403(b) Thrift Plan of Goodwill Industries International, Inc.

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

We were engaged to perform audits of the financial statements of 403(b) Thrift Plan of Goodwill Industries International, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter—Supplemental Schedule Required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule referred to above.

RSM US LLP

Orlando, Florida
October 6, 2026

403(b) Thrift Plan of Goodwill Industries International, Inc.

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	**$ 35,102,399**	$ 30,076,785
Investments at contract value	**2,013,017**	1,202,667
Total investments	**37,115,416**	31,279,452
Receivables:		
Participants	**43,310**	66,460
Employer	**766,492**	50,129
Notes receivable from participants	**345,668**	202,880
Total receivables	**1,155,470**	319,469
Net assets available for benefits	**$ 38,270,886**	$ 31,598,921

See notes to financial statements.

403(b) Thrift Plan of Goodwill Industries International, Inc.

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 2,523,270
Interest and dividends	2,072,714
Total investment income	4,595,984
Interest income on notes receivable	19,801
Contributions:	
Participants	1,587,547
Employer, net of forfeitures	2,044,999
Rollover	166,212
Total contributions	3,798,758
Total additions	8,414,543
Deductions:	
Benefits paid to participants	1,703,604
Administrative expenses	38,974
Total deductions	1,742,578
Net increase in net assets available for benefits	6,671,965
Net assets available for benefits:	
Beginning of year	31,598,921
End of year	$ 38,270,886

See notes to financial statements.

Note 1. Description of Plan

The following description of the 403(b) Thrift Plan of Goodwill Industries International, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility: The Plan is a defined contribution, participant-directed 403(b) thrift plan covering substantially all employees of Goodwill Industries International, Inc. (GII), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established in 1987 to enable GII employees to accumulate long-term savings for their retirement while benefiting from favorable tax treatment on their current salaries. GII employees are automatically enrolled as a participant in the Plan on the first day of the month following their date of hire.

Administration: The Plan Administrator has the overall responsibility for the Plan. This includes the power to interpret the provisions of the Plan and to determine questions concerning eligibility, participation and benefits and such other powers and duties as are necessary to the operation and administration of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: GII employees are automatically enrolled to defer 6% of their pay as of the date they become a participant in the Plan, unless they choose a different percentage or choose not to defer. If participants do not choose a different percentage (including zero), the percentage will also be automatically increased on the first day of each successive plan year by 1% up to a maximum percentage of 10%. Participants can make contributions to the Plan through either specified-percentage or fixed-dollar payroll deductions in any amount up to statutory limitations as specified in the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. Participants may also contribute amounts to the Plan representing rollover distributions from certain other qualified benefit plans.

GII's makes matching and discretionary nonelective contributions. To be eligible to receive GII's contributions, participants must be at least 21 years of age and complete six months of service. Participants must be employed at the end of the plan year to be eligible for discretionary nonelective contributions. For the 2025 plan year, GII matched 100% up to 4% of eligible compensation and made a nonelective contribution of 4% of eligible compensation to eligible participants.

Contributions are subject to certain IRC limitations.

Participant accounts: Participants direct the investment of their contributions and GII's contributions into various investment options offered by the Plan. Contributions are credited to the participants' individual accounts on the date received by the custodian. Participants may change their elected investment options/allocations with the custodian at any time via direct phone or internet access by using a personal identification number.

Each participant's account is credited with the participant's contributions and GII's contributions, as well as allocations of any Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in GII's contributions plus actual earnings thereon is based on years of continuous service. See the table below.

Years of Service	Vested %
2	20%
3	40%
4	65%
5	100%

Payments of benefits: Distributions may be made to participants or their beneficiaries, as applicable. Upon termination of employment, death, disability or normal retirement, a participant is entitled to receive the vested percentage of their account balance. Participants may elect to receive a distribution in the form of a single lump-sum payment. Participants who are required to receive minimum required distributions may receive their distributions in the form of partial withdrawals, installments or annuities. If the participant's vested balance is between $1,000 and $5,000, benefits shall be distributed to the participant through a lump-sum distribution, or, if no election has been made by the participant, through a direct rollover into an Individual Retirement Account. If the participant's account balance is less than $1,000, benefits shall be distributed to the participant through a lump-sum distribution.

Participants may receive an in-service distribution from the Plan prior to termination provided they have attained age 59½ or early distributions provided they have attained age 55. In addition, hardship distributions may be made to satisfy certain immediate and heavy financial needs a participant may have, subject to certain limitations, as defined in the Plan agreement.

Forfeitures: Participant forfeitures of nonvested balances are used to pay the expenses of the Plan or to offset future GII contributions. During 2025, GII contributions were offset by $81,208 from forfeited nonvested accounts. Unallocated forfeitures totaled $0 and $1,343 at December 31, 2025 and 2024, respectively.

Notes receivable from participants: Participants may borrow from their account balances held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal) from a minimum of $1,000 up to a maximum amount which is equal to $50,000 or 50% of their vested account balance, whichever is less. Effective January 15, 2024, only one outstanding loan is allowed at a time. The loans bear interest at rates available for similar loans from commercial lending institutions. The interest rate remains constant for the term of the loan. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The notes receivable outstanding as of December 31, 2025, mature through November 2030, with interest rates ranging from 4.25% to 9.50%.

Administrative expenses: Certain administrative functions are performed by officers or employees of GII. However, such employees receive no compensation from the Plan. GII and the Plan participants share in the Plan expenses. Plan expenses, such as transaction fees from receiving a withdrawal or distribution from the Plan, are deducted from participants' accounts.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying 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 (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment issuers and custodians. See Note 4 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 includes the Plan's gains and losses on investments bought and sold during the year as well as held at year-end.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make the scheduled repayments and the Plan Administrator deems the participant to be in default, the participant's note receivable is reduced and a benefit payment is recorded based on the terms of the Plan.

Contributions: Contributions from Plan participants and the Company matching contributions are recorded in the year in which participant compensation is earned. The Company's nonelective contribution is recorded upon authorization.

Benefits paid to participants: Benefit payments are recorded when paid.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 6, 2026, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Principal, Mutual of America Life Insurance Company (MOA) and Voya Retirement Insurance and Annuity Company (Voya)

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedule obtained by management and agreed to or derived from information certified as complete and accurate by the Plan's custodians, Principal, MOA and Voya, all qualified institutions:

	2025	2024
Investments at fair value:		
Registered investment companies	$ 33,288,087	$ 28,547,038
Pooled separate accounts	811,430	751,283
Money market funds	778,467	554,604
Guaranteed interest accounts	224,415	223,860
	$ 35,102,399	$ 30,076,785
Investments at contract value:		
Guaranteed investment contracts	$ 2,013,017	$ 1,202,667
Notes receivable from participants	$ 345,668	$ 202,880

The custodians also certified to the completeness and accuracy of $2,523,270 of net appreciation in fair value of investments and $2,072,714 of interest and dividends and $19,801 of interest income on notes receivable from participants related to the aforementioned assets for the year ended December 31, 2025.

Note 4. 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

Note 4. Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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, 2025 and 2024.

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

Pooled separate accounts: Valued at the NAV of shares in each account held by the Plan at year-end. The net asset value is not a publicly-quoted price in an active market. The NAV, as provided by the insurance carrier, is used as a practical expedient to estimate fair value.

***Guaranteed interest accounts*:** The guaranteed interest accounts cannot be sold to a third party; thus, the only option to exit the guaranteed interest accounts is to withdraw the funds prior to maturity. This fair value is determined by comparing current market interest rates to the interest rate on the account and adjusting for the number of years until the maturity date. These accounts are not fully benefit-responsive and as such are reported at fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 33,288,087	$ -	$ -	$ 33,288,087
Money market funds	778,467	-	-	778,467
Guaranteed interest accounts	-	-	224,415	224,415
	$ 34,066,554	$ -	$ 224,415	34,290,969
Investments measured at NAV (a)				811,430
Total investments at fair value				$ 35,102,399

	December 31, 2024			
Description	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 28,547,038	$ -	$ -	$ 28,547,038
Money market funds	554,604	-	-	554,604
Guaranteed interest accounts	-	-	223,860	223,860
	$ 29,101,642	$ -	$ 223,860	29,325,502
Investments measured at NAV (a)				751,283
Total investments at fair value				$ 30,076,785

Note 4. Fair Value Measurements (Continued)

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2025 and 2024.

	Fair Value		Unfunded	Redemption	Redemption
Investment	2025	2024	Commitment	Frequency	Notice Period
Pooled separate accounts:					
Asset allocation (a)	$ 45,348	$ 55,337	None	Daily	None
Large cap value (b)	264,568	268,280	None	Daily	None
Large cap growth (c)	153,758	145,396	None	Daily	None
Global/international (d)	21,791	18,234	None	Daily	None
Bonds (e)	5,460	7,621	None	Daily	None
Small/mid/specialty (f)	90,546	85,424	None	Daily	None
Balanced (g)	229,959	170,991	None	Daily	None
Total pooled separate accounts	$ 811,430	$ 751,283			

(a) This asset class invests in a combination of assets, such as aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets.

(b) This asset class seeks long-term growth of capital or a combination of growth and income by investing in stocks of larger, mature companies.

(c) This asset class invests primarily in stocks of larger U.S. companies employing an investment style of growth.

(d) This asset class is generally comprised of investment options that invest in stocks or shares of ownership in a variety of non-U.S. companies.

(e) This asset class generally invests in fixed income securities primarily seeking income or growth of income, with less emphasis on capital appreciation.

(f) This asset class seeks capital appreciation by investing primarily in stocks of small- and medium-sized companies.

(g) This asset class seeks to balance growth of principal and current income by investing in a combination of stocks and bonds (generally holding 60-70% equity and 30-40% fixed income).

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

During the years ended December 31, 2025 and 2024, there were no purchases, issues or transfers into/out of assets classified as Level 3.

Note 4. Fair Value Measurements (Continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025 and 2024.

Investment	Fair Value December 31 2025	Fair Value December 31 2024	Principal Valuation Technique	Unobservable Inputs	Input Values
Guaranteed interest accounts	$ 224,415	$ 223,860	Discounted cash flows	Risk-adjusted discount rate applied	4%

Note 5. Fully Benefit-Responsive Investment Contracts

The Plan holds guaranteed annuity contracts and guaranteed investment contracts that are fully benefit-responsive. In accordance with generally accepted accounting principles, fully benefit-responsive investments are presented at contract value in the statements of net assets available for benefits. The Plan's investment in these contracts is described below:

Principal Fixed Income Guaranteed Option: Investments in the Principal Fixed Income Guaranteed Option are held within the general account of Principal. Participant accounts are increased by the current rate of interest in effect and decreased by withdrawals and administrative expenses. For the year ended December 31, 2025, the effective yield of the option is guaranteed to be a minimum of 1.90% through November 2026.

Mutual of America (MOA) Interest Accumulation Account: Through the Plan's contracts with MOA, investments in the Interest Accumulation Account, a guaranteed annuity contract, are held within the general account of MOA. Participant accounts are increased by the guaranteed rate of interest and decreased by withdrawals and administrative expenses. For the year ended December 31, 2025, the effective annual yield was 3% compounded daily, which is the guaranteed rate specified in the underlying contract. MOA has the option to adjust the guaranteed rate of interest on an annual basis but not below set minimum rates.

Voya Fixed Account and Short-Term Accumulation Account: The Plan holds guaranteed annuity contracts with Voya. Voya maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and is periodically reviewed for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Note 5. Fully Benefit-Responsive Investment Contracts (Continued)

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreement without the consent of the issuer

Note 6. Related-Party and Party-in-Interest Transactions

Principal, MOA and Voya are custodians of the Plan; therefore, transactions with the custodians qualify as party-in-interest transactions. Fees paid by the Plan directly to the custodians totaled $38,974 for the year ended December 31, 2025. GII also paid certain administrative expenses of the Plan.

Note 7. Plan Termination

Although it has not expressed any intent to do so, GII has the right under the plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants would become fully vested in their accounts.

Note 8. Tax Status

The Plan has adopted a volume submitter 403(b) plan sponsored by Principal Life Insurance Company. The volume submitter plan provider has received an advisory letter dated March 31, 2017 from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter received the advisory letter. The Plan Administrator believes the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC.

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

Note 9. Risks and Uncertainties

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

403(b) Thrift Plan of Goodwill Industries International, Inc.

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2025

Employee Identification Number: 53-0196517
Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost**	(e) Current Value
		Registered investment companies:		
	Vanguard	Vanguard 500 Index Admiral Fund		$ 5,502,701
	T. Rowe Price Associates	T. Rowe Price Retirement 2035 Adv Fund		4,722,279
	Mainstay	Mainstay Large Cap Growth I Fund		3,183,071
	T. Rowe Price Associates	T. Rowe Price Retirement 2050 Adv Fund		2,730,821
	T. Rowe Price Associates	T. Rowe Price Retirement 2040 Adv Fund		1,936,547
	Vanguard Group	Vanguard Ext Mk Index Adm Fund		1,829,768
	T. Rowe Price Associates	T. Rowe Price Retirement 2030 Adv Fund		1,773,091
	Neuberger Berman	Neuberger Berman Mid Cap Growth R6 Fund		1,688,209
	T. Rowe Price Associates	T. Rowe Price Retirement 2055 Adv Fund		1,606,941
	Vanguard Group	Vanguard Equity-Income Fund		1,010,997
	T. Rowe Price Associates	T. Rowe Price Retirement 2045 Adv Fund		998,932
	Vanguard Group	Vanguard Total Bond Market Index Adm Fund		973,558
	T. Rowe Price Associates	T. Rowe Price Retirement 2025 Adv Fund		825,304
	T. Rowe Price Associates	T. Rowe Price Retirement 2060 Adv Fund		673,016
	Vaughan Nelson	Vaughan Nelson Small Cap Value II Inst Fund		654,174
	JP Morgan Investment	JP Morgan Mid Cap Value R6 Fund		630,039
	Vanguard Group	Vanguard Total Int'l Stock Index Adm Fund		626,856
	Fidelity Management	Fidelity Total Bond K6 Fund		512,075
	PIMCO	PIMCO Real Return Inst'l Fund		450,188
	Capital Research and Mgmt	American Funds Europacific Growth R6 Fund		359,823
	T. Rowe Price Associates	T. Rowe Price Retirement 2020 Adv Fund		180,729
	T. Rowe Price Associates	T. Rowe Price Retirement 2065 Adv Fund		167,184
	T. Rowe Price Associates	T. Rowe Price Retirement 2015 Adv Fund		102,617
	T. Rowe Price Associates	T. Rowe Price Retirement 2005 Adv Fund		95,247
	T. Rowe Price Associates	T. Rowe Price Retirement 2010 Adv Fund		41,645
	Fidelity Management	Fidelity Small Cap Grwth K6 Fund		12,254
	T. Rowe Price Associates	T. Rowe Price Retirement 2070 Adv Fund		21
				33,288,087
		Money market funds:		
	Vanguard Group	Vanguard Fed Money Market Inv Fund		772,411
*	Mutual of America	Mutual of America Money Market Fund		6,056
				778,467
		Pooled separate accounts:		
*	Mutual of America	Mutual of America Equity Index Fund		193,884
*	Mutual of America	Calvert VP SRI Balanced Portfolio Fund		151,580
*	Mutual of America	DWS Capital Growth VIP		104,984
*	Mutual of America	Fidelity Investments VIP Equity-Income Fund		40,363
*	Mutual of America	Fidelity Investments VIP Contrafund		39,284
*	Mutual of America	Mutual of America Moderate Allocation Fund		28,994
*	Mutual of America	Neuberger Berman AMT Sustainable Equity		27,635
*	Voya	Voya Small Company Portfolio I		26,903
*	Mutual of America	Mutual of America All America Fund		21,828

(Continued)

403(b) Thrift Plan of Goodwill Industries International, Inc.

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Employee Identification Number: 53-0196517
Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost**	(e) Current Value
		Pooled separate accounts (continued):		
*	Mutual of America	Mutual of America Small Cap Growth Fund		$ 18,926
*	Mutual of America	Mutual of America Clear Passage 2040 Fund		17,828
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund		17,366
*	Mutual of America	Vanguard VIF International Portfolio		15,420
*	Voya	T. Rowe Price Diversified Mid Cap Growth Portfolio I		13,994
*	Mutual of America	Mutual of America Small Cap Value Fund		13,357
*	Mutual of America	American Century VP Capital Appreciation Fund		9,406
*	Mutual of America	Fidelity Investments VIP Asset Manager Portfolio		8,945
*	Mutual of America	Invesco V.I. Main Street Fund		7,956
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		7,663
*	Voya	Voya Global Insights Port Init		6,371
*	Mutual of America	Mutual of America Clear Passage 2045 Fund		6,142
*	Voya	Fidelity VIP Growth Portfolio I		6,056
*	Voya	Invesco V.I. American Franchise Fund I		3,434
*	Voya	Voya Invesco Equity & Income Portfolio I		2,959
*	Voya	Voya Growth and Income Portfolio I		2,863
*	Mutual of America	Mutual of America Bond Fund		2,771
*	Mutual of America	Mutual of America Composite Fund		2,747
*	Mutual of America	Mutual of America Aggressive Allocation Fund		2,702
*	Mutual of America	Mutual of America Intermediate Bond Fund		2,688
*	Voya	Voya Index Plus Large Cap Portfolio I		2,179
*	Voya	Invesco V.I. Core Equity Fund SI		1,717
*	Voya	Voya Balanced Income Port Ins		1,376
*	Mutual of America	Vanguard VIF Diversified Value Fund		785
*	Mutual of America	Mutual of America Clear Passage 2035 Fund		324
				811,430
		Guaranteed investment/interest accounts:		
*	Principal	Principal Fixed Income Guarantee Option		1,988,744
*	Voya	Voya Fixed Account		170,236
*	Voya	Voya Short-Term Guaranteed Accumulation Account		54,178
*	Mutual of America	Mutual of America Interest Accumulation Account		24,274
				2,237,432
*	Participants	Participant loans:		
		Interest rates from 4.25% to 9.5%; maturing through 2030		345,668
		Total assets		$ 37,461,084

* Designates party-in-interest.
** All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, Mutual of America Life Insurance Company and Voya Retirement Insurance and Annuity Company, the custodians, to be complete and accurate.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
403B THRIFT PLAN OF GOODWILL INDUSTRIES INTERNATIONAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1987

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)

GOODWILL INDUSTRIES INTERNATIONAL, INC.

15810 INDIANOLA DRIVE

ROCKVILLE MD 20855-2639

2b Employer Identification Number (EIN) 53-0196517

2c Plan Sponsor's telephone number 301-530-6500

2d Business code (see instructions) 813000

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

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

SIGN HERE	DocuSigned by: 65257F25C11F4D8...	October 8, 2026	CATALINA SERNA-VALENCIA
	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

403(b) Thrift Plan of Goodwill Industries International, Inc.

Financial Report
December 31, 2025

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RSM US LLP

Independent Auditor's Report

Audit Committee and Participants
403(b) Thrift Plan of Goodwill Industries International, Inc.

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

We were engaged to perform audits of the financial statements of 403(b) Thrift Plan of Goodwill Industries International, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter—Supplemental Schedule Required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule referred to above.

RSM US LLP

Orlando, Florida
October 6, 2026

403(b) Thrift Plan of Goodwill Industries International, Inc.

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	**$ 35,102,399**	$ 30,076,785
Investments at contract value	**2,013,017**	1,202,667
Total investments	**37,115,416**	31,279,452
Receivables:		
Participants	**43,310**	66,460
Employer	**766,492**	50,129
Notes receivable from participants	**345,668**	202,880
Total receivables	**1,155,470**	319,469
Net assets available for benefits	**$ 38,270,886**	$ 31,598,921

See notes to financial statements.

403(b) Thrift Plan of Goodwill Industries International, Inc.

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 2,523,270
Interest and dividends	2,072,714
Total investment income	4,595,984
Interest income on notes receivable	19,801
Contributions:	
Participants	1,587,547
Employer, net of forfeitures	2,044,999
Rollover	166,212
Total contributions	3,798,758
Total additions	8,414,543
Deductions:	
Benefits paid to participants	1,703,604
Administrative expenses	38,974
Total deductions	1,742,578
Net increase in net assets available for benefits	6,671,965
Net assets available for benefits:	
Beginning of year	31,598,921
End of year	$ 38,270,886

See notes to financial statements.

Note 1. Description of Plan

The following description of the 403(b) Thrift Plan of Goodwill Industries International, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility: The Plan is a defined contribution, participant-directed 403(b) thrift plan covering substantially all employees of Goodwill Industries International, Inc. (GII), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established in 1987 to enable GII employees to accumulate long-term savings for their retirement while benefiting from favorable tax treatment on their current salaries. GII employees are automatically enrolled as a participant in the Plan on the first day of the month following their date of hire.

Administration: The Plan Administrator has the overall responsibility for the Plan. This includes the power to interpret the provisions of the Plan and to determine questions concerning eligibility, participation and benefits and such other powers and duties as are necessary to the operation and administration of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: GII employees are automatically enrolled to defer 6% of their pay as of the date they become a participant in the Plan, unless they choose a different percentage or choose not to defer. If participants do not choose a different percentage (including zero), the percentage will also be automatically increased on the first day of each successive plan year by 1% up to a maximum percentage of 10%. Participants can make contributions to the Plan through either specified-percentage or fixed-dollar payroll deductions in any amount up to statutory limitations as specified in the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. Participants may also contribute amounts to the Plan representing rollover distributions from certain other qualified benefit plans.

GII's makes matching and discretionary nonelective contributions. To be eligible to receive GII's contributions, participants must be at least 21 years of age and complete six months of service. Participants must be employed at the end of the plan year to be eligible for discretionary nonelective contributions. For the 2025 plan year, GII matched 100% up to 4% of eligible compensation and made a nonelective contribution of 4% of eligible compensation to eligible participants.

Contributions are subject to certain IRC limitations.

Participant accounts: Participants direct the investment of their contributions and GII's contributions into various investment options offered by the Plan. Contributions are credited to the participants' individual accounts on the date received by the custodian. Participants may change their elected investment options/allocations with the custodian at any time via direct phone or internet access by using a personal identification number.

Each participant's account is credited with the participant's contributions and GII's contributions, as well as allocations of any Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in GII's contributions plus actual earnings thereon is based on years of continuous service. See the table below.

Years of Service	Vested %
2	20%
3	40%
4	65%
5	100%

Payments of benefits: Distributions may be made to participants or their beneficiaries, as applicable. Upon termination of employment, death, disability or normal retirement, a participant is entitled to receive the vested percentage of their account balance. Participants may elect to receive a distribution in the form of a single lump-sum payment. Participants who are required to receive minimum required distributions may receive their distributions in the form of partial withdrawals, installments or annuities. If the participant's vested balance is between $1,000 and $5,000, benefits shall be distributed to the participant through a lump-sum distribution, or, if no election has been made by the participant, through a direct rollover into an Individual Retirement Account. If the participant's account balance is less than $1,000, benefits shall be distributed to the participant through a lump-sum distribution.

Participants may receive an in-service distribution from the Plan prior to termination provided they have attained age 59½ or early distributions provided they have attained age 55. In addition, hardship distributions may be made to satisfy certain immediate and heavy financial needs a participant may have, subject to certain limitations, as defined in the Plan agreement.

Forfeitures: Participant forfeitures of nonvested balances are used to pay the expenses of the Plan or to offset future GII contributions. During 2025, GII contributions were offset by $81,208 from forfeited nonvested accounts. Unallocated forfeitures totaled $0 and $1,343 at December 31, 2025 and 2024, respectively.

Notes receivable from participants: Participants may borrow from their account balances held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal) from a minimum of $1,000 up to a maximum amount which is equal to $50,000 or 50% of their vested account balance, whichever is less. Effective January 15, 2024, only one outstanding loan is allowed at a time. The loans bear interest at rates available for similar loans from commercial lending institutions. The interest rate remains constant for the term of the loan. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The notes receivable outstanding as of December 31, 2025, mature through November 2030, with interest rates ranging from 4.25% to 9.50%.

Administrative expenses: Certain administrative functions are performed by officers or employees of GII. However, such employees receive no compensation from the Plan. GII and the Plan participants share in the Plan expenses. Plan expenses, such as transaction fees from receiving a withdrawal or distribution from the Plan, are deducted from participants' accounts.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying 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 (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment issuers and custodians. See Note 4 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 includes the Plan's gains and losses on investments bought and sold during the year as well as held at year-end.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make the scheduled repayments and the Plan Administrator deems the participant to be in default, the participant's note receivable is reduced and a benefit payment is recorded based on the terms of the Plan.

Contributions: Contributions from Plan participants and the Company matching contributions are recorded in the year in which participant compensation is earned. The Company's nonelective contribution is recorded upon authorization.

Benefits paid to participants: Benefit payments are recorded when paid.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 6, 2026, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Principal, Mutual of America Life Insurance Company (MOA) and Voya Retirement Insurance and Annuity Company (Voya)

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedule obtained by management and agreed to or derived from information certified as complete and accurate by the Plan's custodians, Principal, MOA and Voya, all qualified institutions:

	2025	2024
Investments at fair value:		
Registered investment companies	$ 33,288,087	$ 28,547,038
Pooled separate accounts	811,430	751,283
Money market funds	778,467	554,604
Guaranteed interest accounts	224,415	223,860
	$ 35,102,399	$ 30,076,785
Investments at contract value:		
Guaranteed investment contracts	$ 2,013,017	$ 1,202,667
Notes receivable from participants	$ 345,668	$ 202,880

The custodians also certified to the completeness and accuracy of $2,523,270 of net appreciation in fair value of investments and $2,072,714 of interest and dividends and $19,801 of interest income on notes receivable from participants related to the aforementioned assets for the year ended December 31, 2025.

Note 4. 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

Note 4. Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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, 2025 and 2024.

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

Pooled separate accounts: Valued at the NAV of shares in each account held by the Plan at year-end. The net asset value is not a publicly-quoted price in an active market. The NAV, as provided by the insurance carrier, is used as a practical expedient to estimate fair value.

***Guaranteed interest accounts*:** The guaranteed interest accounts cannot be sold to a third party; thus, the only option to exit the guaranteed interest accounts is to withdraw the funds prior to maturity. This fair value is determined by comparing current market interest rates to the interest rate on the account and adjusting for the number of years until the maturity date. These accounts are not fully benefit-responsive and as such are reported at fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 33,288,087	$ -	$ -	$ 33,288,087
Money market funds	778,467	-	-	778,467
Guaranteed interest accounts	-	-	224,415	224,415
	$ 34,066,554	$ -	$ 224,415	34,290,969
Investments measured at NAV (a)				811,430
Total investments at fair value				$ 35,102,399

	December 31, 2024			
Description	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 28,547,038	$ -	$ -	$ 28,547,038
Money market funds	554,604	-	-	554,604
Guaranteed interest accounts	-	-	223,860	223,860
	$ 29,101,642	$ -	$ 223,860	29,325,502
Investments measured at NAV (a)				751,283
Total investments at fair value				$ 30,076,785

Note 4. Fair Value Measurements (Continued)

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2025 and 2024.

	Fair Value		Unfunded	Redemption	Redemption
Investment	2025	2024	Commitment	Frequency	Notice Period
Pooled separate accounts:					
Asset allocation (a)	$ 45,348	$ 55,337	None	Daily	None
Large cap value (b)	264,568	268,280	None	Daily	None
Large cap growth (c)	153,758	145,396	None	Daily	None
Global/international (d)	21,791	18,234	None	Daily	None
Bonds (e)	5,460	7,621	None	Daily	None
Small/mid/specialty (f)	90,546	85,424	None	Daily	None
Balanced (g)	229,959	170,991	None	Daily	None
Total pooled separate accounts	$ 811,430	$ 751,283			

(a) This asset class invests in a combination of assets, such as aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets.

(b) This asset class seeks long-term growth of capital or a combination of growth and income by investing in stocks of larger, mature companies.

(c) This asset class invests primarily in stocks of larger U.S. companies employing an investment style of growth.

(d) This asset class is generally comprised of investment options that invest in stocks or shares of ownership in a variety of non-U.S. companies.

(e) This asset class generally invests in fixed income securities primarily seeking income or growth of income, with less emphasis on capital appreciation.

(f) This asset class seeks capital appreciation by investing primarily in stocks of small- and medium-sized companies.

(g) This asset class seeks to balance growth of principal and current income by investing in a combination of stocks and bonds (generally holding 60-70% equity and 30-40% fixed income).

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

During the years ended December 31, 2025 and 2024, there were no purchases, issues or transfers into/out of assets classified as Level 3.

Note 4. Fair Value Measurements (Continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025 and 2024.

Investment	Fair Value December 31 2025	Fair Value December 31 2024	Principal Valuation Technique	Unobservable Inputs	Input Values
Guaranteed interest accounts	$ 224,415	$ 223,860	Discounted cash flows	Risk-adjusted discount rate applied	4%

Note 5. Fully Benefit-Responsive Investment Contracts

The Plan holds guaranteed annuity contracts and guaranteed investment contracts that are fully benefit-responsive. In accordance with generally accepted accounting principles, fully benefit-responsive investments are presented at contract value in the statements of net assets available for benefits. The Plan's investment in these contracts is described below:

Principal Fixed Income Guaranteed Option: Investments in the Principal Fixed Income Guaranteed Option are held within the general account of Principal. Participant accounts are increased by the current rate of interest in effect and decreased by withdrawals and administrative expenses. For the year ended December 31, 2025, the effective yield of the option is guaranteed to be a minimum of 1.90% through November 2026.

Mutual of America (MOA) Interest Accumulation Account: Through the Plan's contracts with MOA, investments in the Interest Accumulation Account, a guaranteed annuity contract, are held within the general account of MOA. Participant accounts are increased by the guaranteed rate of interest and decreased by withdrawals and administrative expenses. For the year ended December 31, 2025, the effective annual yield was 3% compounded daily, which is the guaranteed rate specified in the underlying contract. MOA has the option to adjust the guaranteed rate of interest on an annual basis but not below set minimum rates.

Voya Fixed Account and Short-Term Accumulation Account: The Plan holds guaranteed annuity contracts with Voya. Voya maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and is periodically reviewed for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Note 5. Fully Benefit-Responsive Investment Contracts (Continued)

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreement without the consent of the issuer

Note 6. Related-Party and Party-in-Interest Transactions

Principal, MOA and Voya are custodians of the Plan; therefore, transactions with the custodians qualify as party-in-interest transactions. Fees paid by the Plan directly to the custodians totaled $38,974 for the year ended December 31, 2025. GII also paid certain administrative expenses of the Plan.

Note 7. Plan Termination

Although it has not expressed any intent to do so, GII has the right under the plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants would become fully vested in their accounts.

Note 8. Tax Status

The Plan has adopted a volume submitter 403(b) plan sponsored by Principal Life Insurance Company. The volume submitter plan provider has received an advisory letter dated March 31, 2017 from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter received the advisory letter. The Plan Administrator believes the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC.

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

Note 9. Risks and Uncertainties

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

403(b) Thrift Plan of Goodwill Industries International, Inc.

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2025

Employee Identification Number: 53-0196517
Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost**	(e) Current Value
		Registered investment companies:		
	Vanguard	Vanguard 500 Index Admiral Fund		$ 5,502,701
	T. Rowe Price Associates	T. Rowe Price Retirement 2035 Adv Fund		4,722,279
	Mainstay	Mainstay Large Cap Growth I Fund		3,183,071
	T. Rowe Price Associates	T. Rowe Price Retirement 2050 Adv Fund		2,730,821
	T. Rowe Price Associates	T. Rowe Price Retirement 2040 Adv Fund		1,936,547
	Vanguard Group	Vanguard Ext Mk Index Adm Fund		1,829,768
	T. Rowe Price Associates	T. Rowe Price Retirement 2030 Adv Fund		1,773,091
	Neuberger Berman	Neuberger Berman Mid Cap Growth R6 Fund		1,688,209
	T. Rowe Price Associates	T. Rowe Price Retirement 2055 Adv Fund		1,606,941
	Vanguard Group	Vanguard Equity-Income Fund		1,010,997
	T. Rowe Price Associates	T. Rowe Price Retirement 2045 Adv Fund		998,932
	Vanguard Group	Vanguard Total Bond Market Index Adm Fund		973,558
	T. Rowe Price Associates	T. Rowe Price Retirement 2025 Adv Fund		825,304
	T. Rowe Price Associates	T. Rowe Price Retirement 2060 Adv Fund		673,016
	Vaughan Nelson	Vaughan Nelson Small Cap Value II Inst Fund		654,174
	JP Morgan Investment	JP Morgan Mid Cap Value R6 Fund		630,039
	Vanguard Group	Vanguard Total Int'l Stock Index Adm Fund		626,856
	Fidelity Management	Fidelity Total Bond K6 Fund		512,075
	PIMCO	PIMCO Real Return Inst'l Fund		450,188
	Capital Research and Mgmt	American Funds Europacific Growth R6 Fund		359,823
	T. Rowe Price Associates	T. Rowe Price Retirement 2020 Adv Fund		180,729
	T. Rowe Price Associates	T. Rowe Price Retirement 2065 Adv Fund		167,184
	T. Rowe Price Associates	T. Rowe Price Retirement 2015 Adv Fund		102,617
	T. Rowe Price Associates	T. Rowe Price Retirement 2005 Adv Fund		95,247
	T. Rowe Price Associates	T. Rowe Price Retirement 2010 Adv Fund		41,645
	Fidelity Management	Fidelity Small Cap Grwth K6 Fund		12,254
	T. Rowe Price Associates	T. Rowe Price Retirement 2070 Adv Fund		21
				33,288,087
		Money market funds:		
	Vanguard Group	Vanguard Fed Money Market Inv Fund		772,411
*	Mutual of America	Mutual of America Money Market Fund		6,056
				778,467
		Pooled separate accounts:		
*	Mutual of America	Mutual of America Equity Index Fund		193,884
*	Mutual of America	Calvert VP SRI Balanced Portfolio Fund		151,580
*	Mutual of America	DWS Capital Growth VIP		104,984
*	Mutual of America	Fidelity Investments VIP Equity-Income Fund		40,363
*	Mutual of America	Fidelity Investments VIP Contrafund		39,284
*	Mutual of America	Mutual of America Moderate Allocation Fund		28,994
*	Mutual of America	Neuberger Berman AMT Sustainable Equity		27,635
*	Voya	Voya Small Company Portfolio I		26,903
*	Mutual of America	Mutual of America All America Fund		21,828

(Continued)

403(b) Thrift Plan of Goodwill Industries International, Inc.

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Employee Identification Number: 53-0196517
Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost**	(e) Current Value
		Pooled separate accounts (continued):		
*	Mutual of America	Mutual of America Small Cap Growth Fund		$ 18,926
*	Mutual of America	Mutual of America Clear Passage 2040 Fund		17,828
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund		17,366
*	Mutual of America	Vanguard VIF International Portfolio		15,420
*	Voya	T. Rowe Price Diversified Mid Cap Growth Portfolio I		13,994
*	Mutual of America	Mutual of America Small Cap Value Fund		13,357
*	Mutual of America	American Century VP Capital Appreciation Fund		9,406
*	Mutual of America	Fidelity Investments VIP Asset Manager Portfolio		8,945
*	Mutual of America	Invesco V.I. Main Street Fund		7,956
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		7,663
*	Voya	Voya Global Insights Port Init		6,371
*	Mutual of America	Mutual of America Clear Passage 2045 Fund		6,142
*	Voya	Fidelity VIP Growth Portfolio I		6,056
*	Voya	Invesco V.I. American Franchise Fund I		3,434
*	Voya	Voya Invesco Equity & Income Portfolio I		2,959
*	Voya	Voya Growth and Income Portfolio I		2,863
*	Mutual of America	Mutual of America Bond Fund		2,771
*	Mutual of America	Mutual of America Composite Fund		2,747
*	Mutual of America	Mutual of America Aggressive Allocation Fund		2,702
*	Mutual of America	Mutual of America Intermediate Bond Fund		2,688
*	Voya	Voya Index Plus Large Cap Portfolio I		2,179
*	Voya	Invesco V.I. Core Equity Fund SI		1,717
*	Voya	Voya Balanced Income Port Ins		1,376
*	Mutual of America	Vanguard VIF Diversified Value Fund		785
*	Mutual of America	Mutual of America Clear Passage 2035 Fund		324
				811,430
		Guaranteed investment/interest accounts:		
*	Principal	Principal Fixed Income Guarantee Option		1,988,744
*	Voya	Voya Fixed Account		170,236
*	Voya	Voya Short-Term Guaranteed Accumulation Account		54,178
*	Mutual of America	Mutual of America Interest Accumulation Account		24,274
				2,237,432
*	Participants	Participant loans:		
		Interest rates from 4.25% to 9.5%; maturing through 2030		345,668
		Total assets		$ 37,461,084

* Designates party-in-interest.
** All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, Mutual of America Life Insurance Company and Voya Retirement Insurance and Annuity Company, the custodians, to be complete and accurate.