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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 01/01/2013

2a Plan sponsor's name (employer, if for a single-employer plan)
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 OF SAN ANTONIO CONTRACT SERVICES

406 WEST COMMERCE STREET
SAN ANTONIO, TX 78207

2b Employer Identification Number (EIN)
46-0688991

2c Plan Sponsor's telephone number
210-924-8581

2d Business code (see instructions)
238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	JOSEPH POPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	778
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)**	778
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	679
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	679
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	0

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[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)	[X] General assets of the sponsor	**(4)**	[X] 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)** [ ] **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)** [ ] **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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES

D Employer Identification Number (EIN)
46-0688991

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
06-1227840	39616	30072451	505	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
4455	0

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
863			3

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

ALERA GROUP, INC.
2101 MCCULLOUGH AVENUE, SUITE 210
SAN ANTONIO, TX 78212

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
3592			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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	45975
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 [X] 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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES

D Employer Identification Number (EIN)
46-0688991

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

1 Coverage Information:

(a) Name of insurance carrier
BLUECROSS BLUESHIELD OF TEXAS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	195879	679	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
0	0

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] 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)**	5345298		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	5345298
b Benefit charges (1) Claims paid	**9b(1)**	4795582		
(2) Increase (decrease) in claim reserves	**9b(2)**	0		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	4795582
(4) Claims charged			**9b(4)**	4795582
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	54049		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	0		
(F) Charges for risks or other contingencies	**9c(1)(F)**	0		
(G) Other retention charges	**9c(1)(G)**	0		
(H) Total retention			**9c(1)(H)**	54049
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	0
(3) Other reserves			**9d(3)**	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	241275
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 [X] 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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES

D Employer Identification Number (EIN)
46-0688991

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G00623038	590	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
24092	9362

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

ALERA GROUP, INC.
2101 MCCULLOUGH AVENUE, SUITE 210
SAN ANTONIO, TX 78212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15287	0		3

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

ALERA GROUP, INC.
4145 SHACKLEFORD ROAD
NORCROSS, GA 30093

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	9362	OTHER COMPENSATION	3

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

SPIRE RISK MANAGEMENT, LLC

2101 MCCULLOUGH AVENUE, SUITE 210
SAN ANTONIO, TX 78212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8805	0		3

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	331050
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? [X] Yes [ ] No

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

DID NOT PROVIDE THE ADDRESS FOR THE AGENT/BROKER.

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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES

D Employer Identification Number (EIN)
46-0688991

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

BCBSTX HEALTH CARE SERVICE CORP A

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	BENEFITS	1288725	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GSA NATIONAL

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	TPA	175648	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BAKER TILLY US, LLP

30-1413443

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

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

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

TRIA HEALTH

27-1515235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TELEHEALTH	26288	Yes ☐ No ☒	Yes ☐ No ☐	0	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 ☐

(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 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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES

D Employer Identification Number (EIN)
46-0688991

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	31557	108392
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	331863	75516
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	363420	183908
Liabilities			
1g Benefit claims payable	1g	476687	359256
1h Operating payables	1h	254539	172027
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	731226	531283
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	-367806	-347375

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)	5940795	
(B) Participants	2a(1)(B)	532803	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6473598
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15540	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15540
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6489138
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4126595	
(2) To insurance carriers for the provision of benefits	2e(2)	380763	
(3) Other	2e(3)	404572	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4911930
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)	1509777	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	47000	
(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)		1556777
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6468707
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		20431
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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 _____.

Goodwill Industries of San Antonio
Contract Services Health and Welfare Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

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

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

We have performed audits of the financial statements of Goodwill Industries of San Antonio Contract Services Health and Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and 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 Goodwill Industries of San Antonio Contract Services Health and Welfare Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Goodwill Industries of San Antonio Contract Services Health and Welfare Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Goodwill Industries of San Antonio Contract Services Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Goodwill Industries of San Antonio Contract Services Health and Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Frisco, Texas
October 9, 2026

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 75,516	$ 331,863
Receivables		
Employer contributions	108,392	31,557
Total assets	183,908	363,420
Liabilities		
Payables		
Due to related plan	14,917	52,550
Accrued expenses	138,522	201,989
Amounts due to claims processors on behalf of the Plan	18,588	-
Total liabilities	172,027	254,539
Net assets available for benefits	$ 11,881	$ 108,881

See notes to financial statements

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions		
Investment income		
Interest and dividends	$	15,540
Contributions		
Participant contributions		532,803
Employer contributions		5,940,795
Total contributions		6,473,598
Total additions		6,489,138
Deductions		
Administrative expenses		1,556,777
Payment to related plan		404,572
Payments of claims, net		4,244,026
Payments of premiums to insurance entities		380,763
Total deductions		6,586,138
Net decrease		(97,000)
Net assets available for benefits		
Beginning of year		108,881
End of year	$	11,881

See notes to financial statements

1. Description of Plan

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

General

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

Eligibility

As dictated by the nature of federal contracts associated with the Sponsor, all employees performing work under a prevailing-wage contract covered by the Service Contract Act (SCA) are generally eligible. Employees and their eligible dependents become eligible for coverage under the Plan's benefit programs on the first day of the month following 60 days of employment, subject to the terms of the applicable benefit program.

Benefits

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

Contributions

The Sponsor contributes an amount based on hourly fringe rates set by the Department of Labor (DOL), multiplied by hours worked by plan participants. The fringe rates ranged between $4.23 and $5.09 per hour for the year ended December 31, 2025, based on the contract the employee is employed under. Employer fringe benefit contributions are allocated to participants' Premium Reserve Accounts and used to fund benefits under the Plan. Amounts in excess of the established premium reserve and remaining balances of terminated or otherwise ineligible participants may be contributed to a qualified retirement plan funded by the Sponsor.

Benefit payments in excess of the participants' premiums are paid by the Plan. Any deficiency of the Plan's net assets over benefit obligations is funded by the Sponsor on a pay-as-you-go basis.

Plan participants may contribute specified amounts toward the cost of medical, dental, vision and other benefit coverage based on the benefit option and coverage tier elected, including employee-only and dependent coverage. Participant contribution rates are established by the Sponsor and may vary by benefit option and coverage tier. In addition, participants electing Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage also contribute specified amounts to the Plan.

Plan Administration

The Sponsor has contracted with third-party service providers to facilitate administration of the Plan. Goodwill Industries of San Antonio serves as the Plan Administrator, and Wilmington Trust, NA serves as the Plan's trustee and custodian of plan assets. For the year ended December 31, 2025, GSA National served as the Plan's claims recordkeeper and administrator, providing administrative services and maintaining claims-related records; Alera Group served as the Plan's broker; and Blue Cross Blue Shield provided claims processing services and access to its provider network.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Employer Contributions and Premium Reserve Accounts

The Sponsor is contractually obligated to contribute an amount based on hourly fringe rates set by the DOL, multiplied by hours worked by plan participants, reduced by amounts paid by the Sponsor on behalf of participants for other bona fide fringe benefits or other permitted amounts under applicable prevailing wage requirements. A separate Premium Reserve Account is maintained for each applicable participant and is credited with Employer fringe benefit contributions and applicable participant contributions. The Premium Reserve Accounts are reduced by the cost of coverage provided under the Plan's benefit programs.

From time to time, amounts credited to a participant's Premium Reserve Account may exceed the associated benefit costs. These excess amounts are maintained on a participant basis and used to fund future benefit costs associated with that participant. Once a participant's Premium Reserve Account reaches the established Premium Payment Reserve threshold, subsequent Employer fringe benefit contributions may be contributed to the Sponsor's qualified retirement plan. Upon termination of employment or loss of eligibility, the participant's remaining Premium Reserve Account balance may also be contributed to the Sponsor's qualified retirement plan.

Premium Reserve Account balances totaled $1,016,797 and $1,064,347 as of December 31, 2025 and 2024, respectively. Excess funds remitted to the qualified retirement plan in 2025 totaled $404,572 and are recorded as payment to related plan on the Statement of Changes in Net Assets Available for Benefits.

Stop-Loss Insurance

The Plan maintains stop-loss insurance to limit the risk associated with particular claims becoming excessively large and compromising the assets of the Plan. Proceeds from stop-loss insurance are netted against payment of claims to and on behalf of participants in the Statement of Changes in Net Assets Available for Benefits. For the year ended December 31, 2025, stop-loss proceeds totaled approximately $241,276. There were no stop-loss insurance receivables as of December 31, 2025 or 2024.

Rebate Credits

Rebates due from the Plan's claims processor are recorded when earned. Rebates totaling $723,587 have been netted with payment of claims in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

Plan Benefit Obligations

At December 31, 2025 and 2024, the Plan's benefit obligations consist of medical, prescription drug and dental claims incurred but not reported and other unpaid claims. The benefit obligations are estimated using a modified extension of the claims triangle methodology based on incurred and paid claims data furnished by the Plan's claims administrator. This methodology estimates claims incurred prior to year-end that are expected to be paid subsequent to year-end. Claims are paid by the Plan as they are submitted, processed and approved for payment.

The following table presents the components of the benefit obligations as of December 31, 2025 and 2024:

Benefit Obligations		**2025**		**2024**
Claims incurred, but not reported	$	340,668	$	381,760
Claims payable		18,588		94,927
Benefit obligations	$	359,256	$	476,687

The change in the benefit obligation for the year ended December 31, 2025 consists of the following:

Change in Benefit Obligations		
Beginning of year	$	476,687
Claims and premiums incurred		4,507,358
Claims and premiums paid		(4,624,789)
Benefit obligations, end of year	$	359,256

Payment of Claims and Premiums

Claims and premiums are recorded when paid.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Administrative Expenses

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

Subsequent Events

Subsequent events were evaluated through October 9, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

Assets at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Money market fund	$ 75,516	$ -	$ -	$ 75,516
Total investments at fair value	$ 75,516	$ -	$ -	$ 75,516

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

4. Concentrations

As of December 31, 2025 and 2024, the Plan had investments of $75,516 and $331,863, respectively, that were concentrated in one investment.

5. Information Certified by Trustee

The Plan Administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Wilmington Trust, NA, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

6. Related-Party and Party in Interest Transactions

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

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

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to amend or terminate the Plan, in whole or in part, subject to the provisions of ERISA. Upon termination of the Plan, the Trustee will apply or distribute the assets of the Trust in accordance with the instructions of the Plan Administrator, after reserving amounts reasonably necessary to pay expenses and other amounts due under the Trust Agreement.

8. Tax Status

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

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

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

		2025		2024
Net assets available for benefits per the financial statements	$	11,881	$	108,881
Less amounts currently payable		(359,256)		(476,687)
Net assets available for benefits per Form 5500	$	(347,375)	$	(367,806)

The following is a reconciliation of the decrease in net assets per the financial statements for the year ended December 31, 2025 to Form 5500:

Decrease per the financial statements	$	(97,000)
Less amounts currently payable current year end		(359,256)
Add amounts currently payable prior year end		476,687
Decrease in net assets available for benefits per Form 5500	$	20,431

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

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLCT	$ 75,516	$ 75,516
			$ 75,516	$ 75,516

*A party in interest as defined by ERISA

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 97,620	$ -	$ -	$ 97,620	$ 97,620	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	150,460	-	-	150,460	150,460	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	49,350	-	-	49,350	49,350	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	568,992	-	-	-	568,992	568,992	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	236,089	-	-	236,089	236,089	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	30,037	-	-	30,037	30,037	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,138	-	-	66,138	66,138	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,220	-	-	21,220	21,220	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,881	-	-	120,881	120,881	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	700,000	-	-	-	700,000	700,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	31,924	-	-	31,924	31,924	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,921	-	-	21,921	21,921	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	81,015	-	-	81,015	81,015	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	73,510	-	-	73,510	73,510	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	26,481	-	-	26,481	26,481	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	109,455	-	-	109,455	109,455	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 112,307	$ -	$ -	$ 112,307	$ 112,307	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	88,868	-	-	88,868	88,868	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,207	-	-	66,207	66,207	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	559,454	-	-	-	559,454	559,454	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	75,819	-	-	75,819	75,819	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,079	-	-	66,079	66,079	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	114,350	-	-	114,350	114,350	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	83,624	-	-	83,624	83,624	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,591	-	-	120,591	120,591	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	165,480	-	-	165,480	165,480	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	80,804	-	-	80,804	80,804	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	700,000	-	-	-	700,000	700,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	289,196	-	-	289,196	289,196	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	136,177	-	-	136,177	136,177	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	73,903	-	-	73,903	73,903	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	131,491	-	-	131,491	131,491	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ 725,000	$ -	$ -	$ -	$ 725,000	$ 725,000	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	205,242	-	-	205,242	205,242	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	26,861	-	-	26,861	26,861	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	101,325	-	-	101,325	101,325	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	60,239	-	-	60,239	60,239	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	169,277	-	-	169,277	169,277	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	621,668	-	-	-	621,668	621,668	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	116,169	-	-	116,169	116,169	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	147,243	-	-	147,243	147,243	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	122,539	-	-	122,539	122,539	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,410	-	-	120,410	120,410	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	154,635	-	-	154,635	154,635	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,180	-	-	21,180	21,180	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	413,966	-	-	-	413,966	413,966	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	87,113	-	-	87,113	87,113	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	137,536	-	-	137,536	137,536	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 131,007	$ -	$ -	$ 131,007	$ 131,007	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	515,642	-	-	-	515,642	515,642	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	74,917	-	-	74,917	74,917	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	81,516	-	-	81,516	81,516	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	57,230	-	-	57,230	57,230	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	27,354	-	-	27,354	27,354	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	109,710	-	-	109,710	109,710	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	230,796	-	-	-	230,796	230,796	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	97,446	-	-	97,446	97,446	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	95,071	-	-	95,071	95,071	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,607	-	-	35,607	35,607	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	58,054	-	-	58,054	58,054	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	22,388	-	-	22,388	22,388	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	136,897	-	-	136,897	136,897	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,797	-	-	35,797	35,797	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	800,000	-	-	-	800,000	800,000	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 203,069	$ -	$ -	$ 203,069	$ 203,069	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	110,993	-	-	110,993	110,993	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	90,250	-	-	90,250	90,250	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	52,545	-	-	52,545	52,545	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	67,540	-	-	67,540	67,540	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	90,183	-	-	90,183	90,183	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	60,339	-	-	60,339	60,339	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	76,162	-	-	76,162	76,162	-
Series Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	5,851,058	-	-	-	5,851,058	5,851,058	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	6,107,405	-	-	6,107,405	6,107,405	-

*A party in interest as defined by ERISA.

Docusign Envelope ID: 2BE7349B-AC29-8B6D-8169-23AF73A2F642

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
GOODWILL INDUSTRIES OF SAN ANTONIO CONTRACT SERVICES HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 01/01/2013

2a Plan sponsor's name (employer, if for a single-employer plan)
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 OF SAN ANTONIO CONTRACT SERVICES

406 WEST COMMERCE STREET
SAN ANTONIO, TX 78207

2b Employer Identification Number (EIN)
46-0688991

2c Plan Sponsor's telephone number
210-924-8581

2d Business code (see instructions)
238900

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

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

SIGN HERE	DocuSigned by: Joseph Pope 12BD5D4204EA4B5...	10/12/2026	Joseph Pope
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	778
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)**	778
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	679
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	679
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[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)	[X] General assets of the sponsor	**(4)**	[X] 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)** [ ] **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)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

4Q REPRESENTS EMPLOYEE ASSISTANCE PROGRAM

Docusign Envelope ID: 2BE7349B-AC29-8B6D-8169-23AF73A2F642

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_____

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLCT	$ 75,516	$ 75,516
			$ 75,516	$ 75,516

*A party in interest as defined by ERISA

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 97,620	$ -	$ -	$ 97,620	$ 97,620	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	150,460	-	-	150,460	150,460	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	49,350	-	-	49,350	49,350	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	568,992	-	-	-	568,992	568,992	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	236,089	-	-	236,089	236,089	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	30,037	-	-	30,037	30,037	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,138	-	-	66,138	66,138	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,220	-	-	21,220	21,220	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,881	-	-	120,881	120,881	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	700,000	-	-	-	700,000	700,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	31,924	-	-	31,924	31,924	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,921	-	-	21,921	21,921	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	81,015	-	-	81,015	81,015	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	73,510	-	-	73,510	73,510	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	26,481	-	-	26,481	26,481	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	109,455	-	-	109,455	109,455	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 112,307	$ -	$ -	$ 112,307	$ 112,307	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	88,868	-	-	88,868	88,868	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,207	-	-	66,207	66,207	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	559,454	-	-	-	559,454	559,454	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	75,819	-	-	75,819	75,819	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	66,079	-	-	66,079	66,079	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	114,350	-	-	114,350	114,350	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	83,624	-	-	83,624	83,624	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,591	-	-	120,591	120,591	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	165,480	-	-	165,480	165,480	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	80,804	-	-	80,804	80,804	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	700,000	-	-	-	700,000	700,000	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	289,196	-	-	289,196	289,196	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	136,177	-	-	136,177	136,177	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	73,903	-	-	73,903	73,903	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	131,491	-	-	131,491	131,491	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ 725,000	$ -	$ -	$ -	$ 725,000	$ 725,000	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	205,242	-	-	205,242	205,242	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	26,861	-	-	26,861	26,861	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	101,325	-	-	101,325	101,325	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	60,239	-	-	60,239	60,239	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	169,277	-	-	169,277	169,277	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	621,668	-	-	-	621,668	621,668	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	116,169	-	-	116,169	116,169	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	147,243	-	-	147,243	147,243	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	122,539	-	-	122,539	122,539	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	120,410	-	-	120,410	120,410	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	154,635	-	-	154,635	154,635	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	21,180	-	-	21,180	21,180	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	413,966	-	-	-	413,966	413,966	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	87,113	-	-	87,113	87,113	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	137,536	-	-	137,536	137,536	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 131,007	$ -	$ -	$ 131,007	$ 131,007	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	515,642	-	-	-	515,642	515,642	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	74,917	-	-	74,917	74,917	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	81,516	-	-	81,516	81,516	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	57,230	-	-	57,230	57,230	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	27,354	-	-	27,354	27,354	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	109,710	-	-	109,710	109,710	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	230,796	-	-	-	230,796	230,796	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	97,446	-	-	97,446	97,446	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	95,071	-	-	95,071	95,071	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,607	-	-	35,607	35,607	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	58,054	-	-	58,054	58,054	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	22,388	-	-	22,388	22,388	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	136,897	-	-	136,897	136,897	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	35,797	-	-	35,797	35,797	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	800,000	-	-	-	800,000	800,000	-

Goodwill Industries of San Antonio Contract Services Health and Welfare Plan

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

EIN: 46-0688991 Plan Number: 503

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	$ -	$ 203,069	$ -	$ -	$ 203,069	$ 203,069	$ -
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	110,993	-	-	110,993	110,993	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	90,250	-	-	90,250	90,250	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	52,545	-	-	52,545	52,545	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	67,540	-	-	67,540	67,540	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	90,183	-	-	90,183	90,183	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	60,339	-	-	60,339	60,339	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	76,162	-	-	76,162	76,162	-
Series Transactions									
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	5,851,058	-	-	-	5,851,058	5,851,058	-
*	Wilmington Trust, NA	Wilmington US Treasury Money Market Class SLC	-	6,107,405	-	-	6,107,405	6,107,405	-

*A party in interest as defined by ERISA.