

**SUMMARY ANNUAL REPORT FOR
CHATTANOOGA GOODWILL INDUSTRIES, INC EMPLOYEE BENEFITS PLAN**

This is a summary of the annual report of the CHATTANOOGA GOODWILL INDUSTRIES, INC EMPLOYEE BENEFITS PLAN (Employer Identification Number 62-0544853, Plan Number 505) for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with BLUECROSS BLUESHIELD OF TENNESSEE, INC. and THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA to pay certain Health, Prescription drug, Dental, Vision, Life insurance, Temporary disability, Long-term disability and AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$1,152,504.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2024, the premiums paid under such "experience-rated" contracts were \$949,701 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$634,150.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of JANIS WEBB, who is a representative of the plan administrator, at 6104 PRESERVATION DRIVE, CHATTANOOGA, TN 37416 and phone number, 423-629-2501. The charge to cover copying costs will be \$3.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 6104 PRESERVATION DRIVE, CHATTANOOGA, TN 37416, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Form **5558**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time
To File Certain Employee Plan Returns**Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-1610

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions)	B Employer identification number (EIN)
<u>CHATTANOOGA GOODWILL INDUSTRIES INC.</u> Number, street, and room or suite no. (if a P.O. box, see instructions)	<u>62-0544853</u>
<u>6104 PRESERVATION DRIVE</u> City or town, state, and ZIP code	
<u>CHATTANOOGA, TN 37416</u>	
C Name of plan	D Three-digit plan number (PN)
<u>CHATTANOOGA GOODWILL INDUSTRIES, INC EMPLOYEE BENEFITS PLAN</u>	<u>505</u>
E Plan year end date	
<u>12/31/2024</u>	

Part II Extension of Time to File Form 5500 Series and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, item C, above.
- 2 I request an extension of time until 10/15/2025 to file Form 5500 series. See instructions.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

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