

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: MCKAY USED BOOKS & CDS, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2001
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 62-1321324
2c Plan Sponsor's telephone number: 423-892-5375
2d Business code (see instructions): 451211

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	270
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	190
	6a(2)	179
	6b	0
	6c	85
	6d	264
	6e	0
	6f	264
	6g(1)	257
6g(2)	263	
6h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan MCKAY USED BOOKS & CDS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCKAY USED BOOKS, INC.	D Employer Identification Number (EIN) 62-1321324	

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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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)

RAYMOND JAMES & ASSOCIATES

59-1237041

(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?
19	CUSTODIAN	76525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MCKAY USED BOOKS & CDS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MCKAY USED BOOKS, INC.	D Employer Identification Number (EIN) 62-1321324

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	54486	0
(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)	181783	152364
(2) U.S. Government securities	1c(2)	691725	923386
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	611077	654109
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1488475	1767533
(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)	4869065	5870998
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1635328	1896654

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9531939	11265044
Liabilities			
g Benefit claims payable.....	1g	6771	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12021	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18792	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9513147	11265044

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)	614725	
(B) Participants.....	2a(1)(B)	361659	
(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)		976384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	250	
(B) U.S. Government securities.....	2b(1)(B)	42803	
(C) Corporate debt instruments.....	2b(1)(C)	26681	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	4160	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73894
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	23714	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	361395	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		385109
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3817710	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3559960	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		257750
(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)		666516
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2359653

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	530481	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		530481
f Corrective distributions (see instructions)	2f		0
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)	750	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	76525	
(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)		77275
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		607756

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1751897
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WILKINS, CREWS & ASSOCIATES**

(2) EIN: **20-3250784**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>MCKAY USED BOOKS & CDS, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKAY USED BOOKS, INC.</u>	D Employer Identification Number (EIN) <u>62-1321324</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 62-1321324

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 01 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704504A.

**MCKAY USED BOOKS & CD'S, INC.
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE**

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
McKay Used Books & CD's, Inc. Profit Sharing Plan

Opinion

We have audited the accompanying financial statements of McKay Used Books & CD's, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of McKay Used Books & CD's, Inc. Profit Sharing Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of McKay Used Books & CD's, Inc. Profit Sharing 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 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.

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 McKay Used Books & CD's, Inc. Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of McKay Used Books & CD's, Inc. Profit Sharing 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 McKay Used Books & CD's, Inc. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Wilkins, Crews & Associates, P.C.

October 3, 2025

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 11,265,044	\$ 9,477,453
Receivables:		
Employer's contribution	-	54,486
Total assets	11,265,044	9,531,939
LIABILITIES		
Excess contribution payable	-	12,021
Total liabilities	-	12,021
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,265,044	\$ 9,519,918

The Notes to Financial Statements are an integral part of these statements.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Year Ended December 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 459,003
Net appreciation in fair value of investments	<u>924,266</u>

Total investment income	1,383,269
-------------------------	-----------

Contributions:

Employer's	614,725
Participants'	<u>361,659</u>

Total contributions	<u>976,384</u>
---------------------	----------------

TOTAL ADDITIONS	2,359,653
-----------------	-----------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	537,252
Administrative expenses	<u>77,275</u>

TOTAL DEDUCTIONS	<u>614,527</u>
------------------	----------------

NET INCREASE	1,745,126
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>9,519,918</u>
-------------------	------------------

END OF YEAR	<u>\$ 11,265,044</u>
-------------	----------------------

The Notes to Financial Statements are an integral part of this statement.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 1. Description of Plan

The following description of the McKay Used Books & CD's, Inc. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all eligible employees of McKay Books, Inc. and McKay Books NC, LLC (the Company). Employees must complete at least one year and 1,000 hours of service and be at least 21 years of age to be eligible to participate in the Plan. Employees may enter the Plan on January 1 or July 1 following the date on which the employee met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, the Company makes a discretionary profit-sharing contribution. For 2024, the Company contributed 5.0% of gross wages of eligible participants. In addition, participants may contribute a portion of their wages. Contributions are subject to certain statutory limitations. The Plan also allows for rollover contributions from other qualified defined benefit or contribution plans. Contributions into the Plan are not participant directed.

Participant accounts:

Each participant's account is credited with the participant's contribution, the Company's contribution, and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service. If a participant dies or becomes disabled while still employed by the Company, his/her entire plan interest becomes 100% vested, even if the participant otherwise would have a vested interest less than 100%.

Participant loans:

The Plan does not make loans to participants or beneficiaries.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 1. Description of Plan (continued)

Benefit payments:

On termination of employment, disability, or retirement (other than death), a participant may elect to receive an amount equal to the value of the participant's vested account in either a lump-sum amount or as an annuity. On termination of employment due to death, the beneficiary will receive a lump-sum payment of the participant's account balance.

Forfeitures:

Forfeited nonvested accounts can be used to pay administrative costs or reduce future employer contributions. The Company utilized \$3,734 of forfeitures during 2024 to reduce employer contributions to the Plan. As of December 31, 2024 and 2023, the Company had no forfeitures available for future use.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment valuation and income recognition:

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. Management of the Company determines the Plan's valuation policies utilizing information provided by the custodian. The Plan's investments are stated at fair value. Shares of mutual funds, exchange-traded funds and common stocks are valued at quoted market prices in an active market. Investments in corporate bonds, government securities and government sponsored securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Values of investments in other securities, including unit investment trusts, real estate investment trusts and limited partnerships are obtained from external independent valuation services or other publicly available sources. Investments in certificates of deposits are based on amortized cost or original cost, plus accrued interest. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and any investment-related expenses.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 2. Summary of Significant Accounting Policies (continued)

Administrative expenses:

The Plan's expenses are paid either by the Plan or the Company as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Payment of benefits:

Benefits are recorded when paid.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 3. Fair Value Measurements

The Plan's investments are reported at fair value. The method used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are 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.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 3. Fair Value Measurements (continued)

- Level 2 inputs to the valuation methodology include the following:
 - 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's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Inputs of Level 2 investments are valued using market-based approaches. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The following table presents investments (all nonparticipant-directed) that are measured at fair value on a recurring basis at December 31, 2024 and 2023 using the following measurements:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash & Money Market	\$ 152,364	\$ 152,364	\$ -	\$ -
Government Securities	200,050	-	200,050	-
Government Sponsored	723,336	-	723,336	-
Corporate Bonds	654,109	-	654,109	-
Mutual Funds	5,870,998	5,870,998	-	-
Common Stock	1,767,533	1,767,533	-	-
Exchange-Traded Funds	1,555,643	1,555,643	-	-
Other	341,011	-	341,011	-
Total	\$ 11,265,044	\$ 9,346,538	\$ 1,918,506	\$ -

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 3. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash & Money Market	\$ 181,783	\$ 181,783	\$ -	\$ -
Government Securities	98,521	-	98,521	-
Government Sponsored	593,204	-	593,204	-
Corporate Bonds	611,077	-	611,077	-
Mutual Funds	4,869,065	4,869,065	-	-
Common Stock	1,488,475	1,488,475	-	-
Exchange-Traded Funds	1,142,066	1,142,066	-	-
Other	<u>493,262</u>	<u>-</u>	<u>493,262</u>	<u>-</u>
Total	<u>\$ 9,477,453</u>	<u>\$ 7,681,389</u>	<u>\$ 1,796,064</u>	<u>\$ -</u>

Note 4. Investments

During 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$924,266 as follows:

Government Securities (Level 2)	(\$ 1,364)
Government Sponsored (Level 2)	1,398
Corporate Bonds (Level 2)	16,941
Mutual Funds	357,396
Common Stock	357,770
Exchange Trade-Funds	184,471
Other (Level 2)	<u>7,654</u>
	<u>\$ 924,266</u>

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 6. Tax Status

The IRS has determined and informed the Plan sponsor by a letter dated June 1, 2021, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax positions that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

Note 7. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2023 financial statements to Form 5500:

Net assets available for benefits per the financial statements	\$ 9,519,918
Benefit claims payable	(6,771)
Net assets available for benefits per Form 5500	<u>\$ 9,513,147</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2024:

Benefits paid to participants per the financial statements	\$ 537,252
Benefit claims payable	(6,771)
Benefit payments per Form 5500	<u>\$ 530,481</u>

Note 8. Risks and Uncertainties

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

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

Note 9. Date of Management's Review

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 62-1321324

Plan Number: 001

(a) Identity of Party Involved	(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
	Raymond James Bank	Raymond James Bank Deposit Program	\$ 48,434	\$ 48,434
	J.P. Morgan	Liquid Assets Money Market FD Capital CL M/M	103,930	103,930
	US Treasury Notes	4.25% Term Note, Due 12/31/2025, \$200,000 Par	199,656	200,050
	Federal Home Loan Banks	3.375% Term Note, Due 04/29/2025, \$50,000 Par	49,563	49,845
	Federal Home Loan Banks	5.65% Term Note, Due 05/21/2029, \$25,000 Par	24,987	24,997
	Federal Home Loan Banks	5.87% Term Note, Due 05/20/2044, \$50,000 Par	50,525	50,180
	Federal Home Loan Banks	5.50% Term Note, Due 08/21/2034, \$40,000 Par	40,000	39,954
	Federal Home Loan Banks	5.80% Term Note, Due 09/12/2044, \$30,000 Par	30,000	29,960
	Federal Home Loan Banks	5.60% Term Note, Due 09/26/2044, \$30,000 Par	30,000	29,970
	Federal Home Loan Banks	5.45% Term Note, Due 10/11/2039, \$50,000 Par	50,000	49,956
	Federal Home Loan Banks	5.73% Term Note, Due 11/07/2044, \$100,000 Par	100,000	99,751
	Federal Farm Credit Banks	5.60% Term Note, Due 08/05/2039, \$75,000 Par	75,000	74,363
	Federal Farm Credit Banks	5.92% Term Note, Due 08/12/2044, \$75,000 Par	74,878	74,851
	Federal Farm Credit Banks	5.67% Term Note, Due 09/12/2044, \$50,000 Par	50,000	49,815
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	Federal Home Loan Mortgage	1.50% Term Note, Due 02/12/2025, \$100,000 Par	98,242	99,675
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	Ares Capital Corporation	3.875% Term Note, Due 01/15/2026, \$15,000 Par	14,113	14,828
	Athene Holding	4.125% Term Note, Due 01/12/2028, \$58,000 Par	52,877	56,587
	BB&T Corporation	3.875% Term Note, Due 03/19/2029, \$20,000 Par	18,609	19,084
	Baker Hughes Holdings, LLC	3.337% Term Note, Due 12/15/2027, \$24,000 Par	25,663	23,149
	Bank of America Corporation	5.50% Term Note, Due 01/23/2029, \$20,000 Par	19,998	19,798
	Blackstone Private Credit Fd	2.70% Term Note, Due 01/15/2025, \$25,000 Par	23,400	24,974
	The Boeing Company NTS	2.60% Term Note, Due 10/30/2025, \$25,000 Par	23,417	24,521
	Boston Properties Limited NTS	3.65% Term Note, Due 02/01/2026, \$25,000 Par	24,568	24,640
	Capital One Financial	4.20% Term Note, Due 10/29/2025, \$35,000 Par	33,979	34,771
	Citizens Financial Group	4.30% Term Note, Due 12/03/2025, \$25,000 Par	23,477	24,835
	Comerica Incorporated NTS	4.00% Term Note, Due 02/01/2029, \$25,000 Par	23,526	23,704
	Entertainment Properties	4.50% Term Note, Due 04/01/2025, \$10,000 Par	9,531	9,975
	Ecopetrol	4.125% Term Note, Due 01/16/2025, \$40,000 Par	42,768	39,889
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	Equifax, Inc. NTS	2.60% Term Note, Due 12/15/2025, \$10,000 Par	9,670	9,798
	Ford Motor Company	7.125% Term Note, Due 11/15/2025, \$20,000 Par	23,200	20,331
	General Motors Financial	3.80% Term Note, Due 04/07/2025, \$20,000 Par	19,445	19,937
	Goldman Sachs Group, Inc.	4.25% Term Note, Due 10/21/2025, \$25,000 Par	24,067	24,862
	Grupo Minero Mexico S.A.	9.25% Term Note, Due 04/01/2028, \$10,000 Par	11,235	10,997
	JPMorgan Chase & Co.	6.00% Term Note, Due 05/11/2033, \$25,000 Par	24,998	25,020
	JPMorgan Chase & Co.	5.30% Term Note, Due 01/23/2032, \$25,000 Par	24,997	24,695
	Owl Rock Capital	4.00% Term Note, Due 03/30/2025, \$25,000 Par	24,297	24,926
	Peru DEB ISIN	2.392% Term Note, Due 01/23/2026, \$12,000 Par	11,548	11,641
	Prospect Capital Corp.	3.706% Term Note, Due 01/22/2026, \$15,000 Par	13,717	14,553
	Puget Sound Energy, Inc.	7.02% Term Note, Due 12/01/2027, \$12,000 Par	15,799	12,643
	Regions Financial Corp.	2.25% Term Note, Due 05/18/2025, \$40,000 Par	37,540	39,598
	Office Properties Income Trust	4.50% Term Note, Due 02/01/2025, \$35,000 Par	34,539	34,534
	Invesco Advisors, Inc.	Invesco Core Bond Fund CI Y N/L	422,283	418,879
	Invesco Advisors, Inc.	Invesco Intl Small-Mid Company FD CI Y N/L	174,689	156,253
	American Funds	Bond Fund of America Fund CI F2 N/L	256,104	230,391

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	Cohen & Steers	Cohen & Steers Realty Shares Fund CI I N/L	148,086	151,449
	Eaton Vance	Floating Rate High Income Fund CI I N/L	172,683	167,613
	American Funds	Growth Fund of America Fund CI F2 N/L	249,098	356,691
	The Hartford	Hartford Dividend & Growth Fund CI I N/L	263,522	319,998
	The Hartford	Hartford Equity Income Fund CI I N/L	281,927	284,340
	The Hartford	Hartford International Opportunities Fund CI I N/L	281,764	300,525
	The Hartford	Hartford World Bond Fund CL I N/L	241,173	240,468
	The Hartford	Hartford Core Equity Fund CI I N/L	176,061	222,690
	The Hartford	Hartford Schroders Intl Stock Fund CI I N/L	304,457	312,946
	J.P. Morgan	JPMorgan Equity Income Fund CI I N/L	292,537	401,524
	J.P. Morgan	JPMorgan High Yield Fund CI I N/L	248,713	229,387
	Lord Abbett Funds	Lord Abbett Bond Debenture Fund CI I N/L	278,021	249,695
	MFS Funds	MFS International Intrinsic Value Fund CI I N/L	317,511	287,514
	American Funds	American Funds New Perspective Fund CI F2 N/L	264,603	288,962
	American Funds	American Funds New World Fund CI F2 N/L	124,610	155,375
	Principal	Principal Real Estate Securities Fund Instl CI N/L	124,547	137,088
	American Funds	American Funds Smallcap World Fund CI F2 N/L	59,514	73,994
	Touchstone Sands	Touchstone Sands Cap Emerg Markets Growth CI	138,171	106,481
	Victory Trivalent Funds	Victory Trivalent Intl Small-Cap Fund CI I N/L	117,532	130,803
	Virtus	Virtus Kar Mid Cap Growth Fund CI I N/L	76,171	77,572
	American Funds	Washington Mutual Investors Fund CI F2 N/L	279,173	369,917
	Allspring Global Investments	Allspring Special Mid Cap Value Fund CI I N/L	62,355	70,281
	DWS	DWS Enhanced Commodity Strategy Fund CI N/L	166,013	130,162
	AT&T Incorporated	2,500 Shares of Common Stock	51,844	56,925
	Antero Resources Corp.	1,829 Shares of Common Stock	37,786	64,106
	The CIGNA Group	128 Shares of Common Stock	39,939	35,346
	Caesars Entertainment Incorp	1,071 Shares of Common Stock	39,953	35,793
	Clean Harbors Incorporated	164 Shares of Common Stock	39,785	37,743
	Cognex Corporation	1,052 Shares of Common Stock	39,986	37,725
	Delta Air Lines Incorporated	632 Shares of Common Stock	39,945	38,236
	Dun & Bradstreet Hldgs Incorp	3,236 Shares of Common Stock	40,070	40,321
	ELF Beauty Incorporated	287 Shares of Common Stock	39,815	36,033
	Globe Life Incorporated	388 Shares of Common Stock	46,408	43,270
	Haemonetics Corporation	473 Shares of Common Stock	39,969	36,932
	Hewlett Packard Enterprise	1,804 Shares of Common Stock	40,024	38,515
	M/I Homes Incorporated	248 Shares of Common Stock	39,717	32,972
	Microsoft Corporation	300 Shares of Common Stock	39,363	126,450
	Mohawk Industries Incorp	302 Shares of Common Stock	40,086	35,977
	Nvidia Corporation	4,300 Shares of Common Stock	62,931	577,447
	Salesforce Incorporated	547 Shares of Common Stock	102,412	182,879
	Sentinelone Incorporated	1,626 Shares of Common Stock	39,797	36,097
	UMB Financial Corporation	319 Shares of Common Stock	39,936	36,002
	UBER Technologies Incorp	613 Shares of Common Stock	40,004	36,976
	UnitedHealth Group Incorp	100 Shares of Common Stock	31,493	50,586
	Verizon Communication Incorp	1,800 Shares of Common Stock	94,228	71,982
	Willis Towers Watson PLC	129 Shares of Common Stock	39,822	40,408

(a) Identity of Party Involved	(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
	ASML Holding	56 Shares of Common Stock	39,440	38,812
	First Trust	First Trust Large Cap Value Alphadex Fund	50,033	76,460
	First Trust	First Trust Nasdaq Rising Dividend Achievers	157,831	190,017
	First Trust	First Trust SMID Cap Rising Dividend Achievers	159,965	145,515
	Ishares Trust	Ishares Trust Rus Mid Cap ETF	76,726	108,378
	Ishares Trust	Ishares Trust Rus 1,000 Val ETF	75,550	127,369
	Ishares Trust	Ishares Trust Rus 1,000 GRW ETF	72,252	220,869
	Ishares Trust	Ishares Silver Trust	119,277	142,182
	SPDR Funds	SPDR Gold Shares	132,925	172,397
	Vanguard	Vanguard Large-Cap ETF	386,890	372,456
	Agree	Agree Rlty Corporation REIT	37,587	44,665
	Caretrust	Caretrust REIT	39,981	36,977
	Enterprise	Enterprise Products Partners L P	45,101	62,720
	Equinix	Equinix Incorporated REIT	39,442	38,659
	Ares	Ares Real Estate Income Trust CI D REIT	50,000	62,604
	Ares	Ares Real Estate Income Trust CI I REIT	50,000	95,386
			<u>\$ 9,844,475</u>	<u>\$ 11,265,044</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 MCKAY USED BOOKS & CDS, INC. PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>
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) MCKAY USED BOOKS, INC. 7734 LEE HIGHWAY CHATTANOOGA TN 37421-1028	1c Effective date of plan <u>01/01/2001</u>
	2b Employer Identification Number (EIN) <u>62-1321324</u>
	2c Plan Sponsor's telephone number <u>423-892-5375</u>
	2d Business code (see instructions) <u>451211</u>

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	<i>Janice Hixson</i>	<u>10/6/25</u>	Janice Hixson
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	270
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	190
	6a(2)	179
	6b	0
	6c	85
	6d	264
	6e	0
	6f	264
	6g(1)	257
6g(2)	263	
6h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

MCKAY USED BOOKS & CD'S, INC. PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 62-1321324

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	Allspring Global Investments	Allspring Special Mid Cap Value Fund CI I N/L	62,355	70,281
	DWS	DWS Enhanced Commodity Strategy Fund CI N/L	166,013	130,162
	AT&T Incorporated	2,500 Shares of Common Stock	51,844	56,925
	Antero Resources Corp.	1,829 Shares of Common Stock	37,786	64,106
	The CIGNA Group	128 Shares of Common Stock	39,939	35,346
	Caesars Entertainment Incorp	1,071 Shares of Common Stock	39,953	35,793
	Clean Harbors Incorporated	164 Shares of Common Stock	39,785	37,743
	Cognex Corporation	1,052 Shares of Common Stock	39,986	37,725
	Delta Air Lines Incorporated	632 Shares of Common Stock	39,945	38,236
	Dun & Bradstreet Hldgs Incorp	3,236 Shares of Common Stock	40,070	40,321
	ELF Beauty Incorporated	287 Shares of Common Stock	39,815	36,033
	Globe Life Incorporated	388 Shares of Common Stock	46,408	43,270
	Haemonetics Corporation	473 Shares of Common Stock	39,969	36,932
	Hewlett Packard Enterprise	1,804 Shares of Common Stock	40,024	38,515
	M/I Homes Incorporated	248 Shares of Common Stock	39,717	32,972
	Microsoft Corporation	300 Shares of Common Stock	39,363	126,450
	Mohawk Industries Incorp	302 Shares of Common Stock	40,086	35,977
	Nvidia Corporation	4,300 Shares of Common Stock	62,931	577,447
	Salesforce Incorporated	547 Shares of Common Stock	102,412	182,879
	Sentinelone Incorporated	1,626 Shares of Common Stock	39,797	36,097
	UMB Financial Corporation	319 Shares of Common Stock	39,936	36,002
	UBER Technologies Incorp	613 Shares of Common Stock	40,004	36,976
	UnitedHealth Group Incorp	100 Shares of Common Stock	31,493	50,586
	Verizon Communication Incorp	1,800 Shares of Common Stock	94,228	71,982
	Willis Towers Watson PLC	129 Shares of Common Stock	39,822	40,408

(a) Identity of Party Involved	(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
	ASML Holding	56 Shares of Common Stock	39,440	38,812
	First Trust	First Trust Large Cap Value Alphadex Fund	50,033	76,460
	First Trust	First Trust Nasdaq Rising Dividend Achievers	157,831	190,017
	First Trust	First Trust SMID Cap Rising Dividend Achievers	159,965	145,515
	Ishares Trust	Ishares Trust Rus Mid Cap ETF	76,726	108,378
	Ishares Trust	Ishares Trust Rus 1,000 Val ETF	75,550	127,369
	Ishares Trust	Ishares Trust Rus 1,000 GRW ETF	72,252	220,869
	Ishares Trust	Ishares Silver Trust	119,277	142,182
	SPDR Funds	SPDR Gold Shares	132,925	172,397
	Vanguard	Vanguard Large-Cap ETF	386,890	372,456
	Agree	Agree Rlty Corporation REIT	37,587	44,665
	Caretrust	Caretrust REIT	39,981	36,977
	Enterprise	Enterprise Products Partners L P	45,101	62,720
	Equinix	Equinix Incorporated REIT	39,442	38,659
	Ares	Ares Real Estate Income Trust CI D REIT	50,000	62,604
	Ares	Ares Real Estate Income Trust CI I REIT	50,000	95,386
			<u>\$ 9,844,475</u>	<u>\$ 11,265,044</u>