

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: CHRISTIANBOOK, LLC PROFIT-SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): CHRISTIANBOOK, LLC
2b Employer Identification Number (EIN): 20-1207733
2c Plan Sponsor's telephone number: 978-532-5300
2d Business code (see instructions): 453990

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	659
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)	553
	6a(2)	437
	6b	0
	6c	122
	6d	559
	6e	0
	6f	559
	6g(1)	498
6g(2)	546	
6h	44	
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:
2E 3H 3D

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 0
- (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 _____

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 CHRISTIANBOOK, LLC PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANBOOK, LLC	D Employer Identification Number (EIN) 20-1207733	

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)

EDELMAN FINANCIAL ENGINES

1 PINE HILL DRIVE, SUITE 502
QUINCY, MA 02169

(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?
27 28 51	ASSET MANAGER	134259	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

(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

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(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 G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules 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 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 CHRISTIANBOOK, LLC PROFIT-SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANBOOK, LLC	D Employer Identification Number (EIN) 20-1207733

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	ROBERT KODUVALIL 18 PARK DRIVE WOBURN, MA 01801	3.0% LOAN DATED 6/11/2020

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
12000	1633	57	2062	2062	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	TENEKA OLIN 90 GRANT STREET LYNN, MA 01902	4.25% LOAN DATED 7/28/2022

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1200	71	11	814	814	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	DAVID SANDLER 29 EUTAW AVE LYNN, MA 01902	3.25% LOAN DATED 7/25/13

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2200	0	0	55	55	

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

Schedule G (Form 5500) 2024
v. 240311

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DAVID SANDLER 29 EUTAW AVE LYNN, MA 01902		3.25% LOAN DATED 7/31/14		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
6700	0	0	5271	5271	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DAVID SANDLER 29 EUTAW AVE LYNN, MA 01902		3.25% LOAN DATED 11/19/15		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3600	0	0	1831	1831	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DAVID SANDLER 29 EUTAW AVE LYNN, MA 01902		4.25% LOAN DATED 8/10/17		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
5100	0	0	4330	4330	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	LESLIE HOUSEWEART 54 ELMWOOD AVE LYNN, MA 01905		3.25% LOAN DATED 9/13/07		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
12000	0	0	3699	3699	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	LESLIE HOUSEWEART 54 ELMWOOD AVE LYNN, MA 01905		3.25% LOAN DATED 2/19/09		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
5000	0	0	2945	2945	

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DIANE OUELLETTE 44 LONE PINE CIRCLE BARRINGTON, NH 03825		3.0% LOAN DATED 3/10/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
6000	0	0	770	770	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	MICHAEL PICH 31 PERKINS STREET, #2 SALEM, MA 01905		5.25% LOAN DATED 7/3/2019		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2700	0	0	2461	2461	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DANIEL DE LA CRUZ 40 WARD STREET SALEM, MA 01970		7.75% LOAN DATED 7/20/23		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3565	0	0	3429	3429	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	LUIS SANTIAGO 7 LAFAYETTE PARK, APT 2 LYNN, MA 01902		4.25% LOAN DATED 7/14/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1800	80	13	1233	1233	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	TERESA PALOMBI 526 BOSTON STREET #1 LYNN, MA 01905		4.50% LOAN DATED 11/28/19		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3000	0	0	2938	2938	

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	OVIDIO DELEON 326 EASTERN AVE LYNN, MA 01902		5.0% LOAN DATED 8/25/22		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
4000	0	0	2849	2849	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	OVIDEO DELEON 326 EASTERN AVE LYNN, MA 01902		7.25% LOAN DATED 3/2/23		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2000	0	0	1974	1974	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ROBERT MAILLOUX 12 STANGUS ROAD LYNN, MA 01905		7.25% LOAN DATED 2/23/22		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3500	0	0	2378	2378	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	KERI OCASIO 81 CENTER STREET, #3 LYNN, MA 01905		3.0% LOAN DATED 8/26/2021		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2300	0	0	610	610	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	KERI OCASIO 81 CENTER STREET, #3 LYNN, MA 01905		4.25% LOAN DATED 7/14/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3600	0	0	2705	2705	

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	KERI OCASIO 81 CENTRE STREET, #3 LYNN, MA 01905		3.0% LOAN DATED 7/16/2020		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2900	0	0	498	498	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	KERI OCASIO 81 CENTRE STREET, #3 LYNN, MA 01905		3.0% LOAN DATED 2/18/2021		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1800	0	0	156	156	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ELLEN BRICKLEMYER 30 ARNOLD AVE PEABODY, MA 01960		3.0% LOAN DATED 11/11/2021		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
15000	1956	157	6971	6971	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ELLEN BRICKLEMYER 30 ARNOLD AVE PEABODY, MA 01960		5.75% LOAN DATED 10/13/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
7000	862	192	4646	4646	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ELLEN BRICKLEMYER 30 ARNOLD AVE PEABODY, MA 01960		7.00% LOAN DATED 1/26/2023		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
6000	926	198	3828	3828	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	ELLEN BRICKLEMYER 30 ARNOLD AVE PEABODY, MA 01960	7.75% LOAN DATED 5/25/2023

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
9000	1034	388	7096	7096	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	ELLEN BRICKLEMYER 30 ARNOLD AVE PEABODY, MA 01960	8.00% LOAN DATED 7/11/2024

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3800	136	29	3664	3664	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	MICHELE CERONE 55 FOLLY POND ROAD, APT 34 BEVERLY, MA 01915	3.00% LOAN DATED 3/11/2021

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2500	452	2	690	690	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	MICHELE CERONE 55 FOLLY POND ROAD, APT 34 BEVERLY, MA 01915	6.50% LOAN DATED 11/17/2022

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
7100	1176	296	4533	4533	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	MICHELE CERONE 55 FOLLY POND ROAD, APT 34 BEVERLY, MA 01915	8.00% LOAN DATED 1/11/2024

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
7665	1092	483	6573	6573	

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	MICHELE CERONE 55 FOLLY POND ROAD, APT 34 BEVERLY, MA 01915		8.00% LOAN DATED 4/11/2024		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1327	239	58	1088	1088	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	MICHELE CERONE 55 FOLLY POND ROAD, APT 34 BEVERLY, MA 01915		8.00% LOAN DATED 7/3/2024		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1153	69	33	1084	1084	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DIANA EVANS 29 LINWOOD STREET LYNN, MA 01905		5.00% LOAN DATED 8/18/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
5000	1529	94	1288	1288	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DIANA EVANS 29 LINWOOD STREET LYNN, MA 01905		7.50% LOAN DATED 3/30/2023		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3500	1029	149	1668	1668	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DIANA EVANS 29 LINWOOD STREET LYNN, MA 01905		7.75% LOAN DATED 7/20/2023		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
3400	975	173	1972	1972	

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	DIANA EVANS 29 LINWOOD STREET LYNN, MA 01905		8.00% LOAN DATED 3/14/2024		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2200	332	113	1868	1868	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	BENJAMIN REID 48 WOODLAWN STREET, 3RD FLOOR LYNN, MA 01904		3.00% LOAN DATED 2/24/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1700	84	0	50	50	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	BENJAMIN REID 48 WOODLAWN STREET, 3RD FLOOR LYNN, MA 01904		4.25% LOAN DATED 7/7/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2700	133	3	591	591	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	BENJAMIN REID 48 WOODLAWN STREET, 3RD FLOOR LYNN, MA 01904		6.50% LOAN DATED 12/1/2022		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1750	55	7	1106	1106	
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	BENJAMIN REID 48 WOODLAWN STREET, 3RD FLOOR LYNN, MA 01904		7.75% LOAN DATED 5/25/2023		
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2100	45	13	1781	1781	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	BENKAMIN REID 48 WOODLAWN STREET, 3RD FLOOR LYNN, MA 01904	8.00% LOAN DATED 10/5/2023

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1400	29	10	1302	1302	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 CHRISTIANBOOK, LLC PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANBOOK, LLC	D Employer Identification Number (EIN) 20-1207733

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)	550000	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)	393214	549918
(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)	2210500	1050293
(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)	920531	891872
(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)	24452152	25154728
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28526397	27646811
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28526397	27646811

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)		
(B) Participants.....	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	55554	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55554
(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)	684643	
(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)	3224372	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2830853	
(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)	286830	
(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)		2421184
c Other income	2c		-8996
d Total income. Add all income amounts in column (b) and enter total	2d		3832734

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4578027	
(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)		4578027
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	134293	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		134293
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4712320

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-879586
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: PKF JND, P.C.

(2) EIN: 04-3138777

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.	OMB No. 1210-0110 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>CHRISTIANBOOK, LLC 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>CHRISTIANBOOK, LLC</u>	D Employer Identification Number (EIN) <u>20-1207733</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	<u>0</u>
---	----------	----------

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): 04-3134269

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 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704013A.



CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Financial Statements
and
Supplemental Schedules
for years ended
December 31, 2024 and 2023



Table of Contents

	Page
Independent Auditors' Report	1–3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6–12
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within the Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	15



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Independent Auditors' Report

Plan Administrator and Participants
Christianbook, LLC Profit-Sharing Plan

Opinion

We have audited the accompanying financial statements of Christianbook, LLC Profit-Sharing Plan (the "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 Christianbook, LLC 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Christianbook, LLC 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 Christianbook, LLC 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.

Auditors' 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 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 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 Christianbook, LLC 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 Christianbook, LLC 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying index are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules 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.

PKF IND, P.C.

Boston, Massachusetts
October 8, 2025

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31	
	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Corporate equities	\$ 814,446	\$ 1,361,175
Registered investment companies	25,154,728	24,452,152
Alternative investments	<u>235,847</u>	<u>849,325</u>
Total investments at fair value	<u>26,205,021</u>	<u>26,662,652</u>
Receivables		
Employer contributions	—	550,000
Notes receivable from participants	<u>891,872</u>	<u>920,531</u>
Total receivables	<u>891,872</u>	<u>1,470,531</u>
Cash and cash equivalents	<u>549,918</u>	<u>393,214</u>
Net assets available for benefits	<u>\$ 27,646,811</u>	<u>\$ 28,526,397</u>

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

Additions (deductions) in net assets	
Investment income (loss)	
Net appreciation in fair value of investments in corporate equities	\$ 707,452
Net appreciation in fair value of registered investment companies	2,421,184
Net depreciation in fair value of alternative investments	(27,103)
Interest and dividends	<u>684,643</u>
Net investment income	3,786,176
Interest income on notes receivable from participants	55,554
Other expenses	(8,996)
Distributions to participants	(4,578,027)
Administrative and investment expenses	<u>(134,293)</u>
Net decrease	(879,586)
Net assets available for benefits	
Beginning of year	<u>28,526,397</u>
End of year	<u>\$ 27,646,811</u>

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Note 1 – Description of plan

The following brief description of the Christianbook, LLC Profit-Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the provisions of the Plan.

General

The Plan is a noncontributory, defined contribution plan sponsored by Christianbook, LLC (the “Sponsor”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Sponsor is the Plan Administrator (“Administrator”). The Administrator has sole authority to control and manage the operation and administration of the Plan, subject to the terms and provisions of the Plan. The Sponsor’s CFO is the Trustee of the Plan.

Eligibility

The Plan covers all employees who have completed six months of service, as defined under the Plan, at the Sponsor or its Participating Employer: Christianbook Fulfillment, LLC.

In order to receive a share of the employer’s contribution and any forfeitures, an employee must have completed at least 1,000 hours of service during the Plan year and be employed by the Sponsor or Participating Employer on December 31 of the Plan year.

Retirement

Normal retirement is at the later of age 65 or the fifth anniversary of a participant’s participation in the Plan. Early retirement is at the later of age 55 or the completion of seven years of vesting service.

Contributions

Each year, the Sponsor and Participating Employer may contribute to the Plan a discretionary amount subject to the limitations of the Internal Revenue Code. There are no provisions for elective participant contributions but rollover contributions from other qualified retirement plans are permitted, if approved by the Administrator.

Allocation to participants’ accounts

The account of each participant who qualifies for a share of the contribution for a Plan year is credited with an allocation of the respective company’s contribution, plan earnings and forfeitures of terminated participants’ nonvested balances and is charged with an allocation of administrative and investment expenses. Contributions are allocated among all participants in proportion to their eligible compensation subject to maximum allowable amounts as set forth in the Internal Revenue Code.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Distributions

Upon early, normal or late retirement, permanent and total disability (as defined) or death of the participant, the participant or beneficiary may request payment of the participant's vested benefit in the form of either a lump-sum distribution or periodic payments (at least annual), subject to minimum distribution rules promulgated by the Internal Revenue Service ("IRS"). No married participant's designation of a beneficiary other than an "eligible spouse" shall be effective unless the "eligible spouse" has signed a written consent. (An "eligible spouse" is a spouse who is married to the participant for at least one year prior to the commencement of benefits on the participant's death or becomes married within the one-year period prior to benefit commencement and remains married for at least one year).

If a participant has a balance from a rollover from another qualified retirement plan, the participant may elect to have payment of the participant's vested benefit in the form of either a lump-sum distribution or periodic payments (at least annual), subject to IRS minimum distribution rules.

If a participant terminates employment for any reason other than normal or early retirement, disability or death, payment of the vested benefit may be made as of July 1 following the Plan Year in which the employee terminated. Such participant benefit shall be payable, in cash, in a lump sum payment.

Hardship distributions of up to 50% of a participant's vested interest are permitted for financial hardship reasons, as defined in the Plan. No hardship distribution will be granted unless the amount to be paid has been in the Plan for more than two years or the participant has been a participant for five or more years.

Under the terms of the Plan, the latest commencement date for distributions is April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 72 before 2024 and 73 thereafter or (2) the calendar year in which the participant retires.

The Plan permits in-service distributions to participants who are employed by the Sponsor and Participating Employer at year end, have attained the age of 59-1/2 and have been employed for at least 10 years. The maximum in-service distribution allowed is 80% of the participants' vested account balance, with a minimum distribution of \$1,000.

Investments

Plan assets are invested in portfolios of securities, interests in registered investment companies and alternative investments managed by several investment managers. All investments are non-participant directed.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Notes receivable from participants

A participant may borrow from the Plan any amount between \$1,000 and \$50,000, but not more than 50% of the participant's vested interest at the time of the loan. Loans from all plans of the Sponsor and Participating Employer are combined to determine the maximum available loan. The term of a loan may not exceed five years unless the loan is to acquire a principal residence, for which a 15-year term may be used. Repayment is made through equal weekly, bi-weekly or monthly payments of principal plus interest at the prime rate charged, at the time of the loan, by regional banks for similar loans (3.00% to 8.00% at December 31, 2024).

Vesting

All participants are 100% vested in their rollover contributions from other qualified retirement plans. Contributions made by the Sponsor and Participating Employer vest at the rate of 20% per year, beginning with the second year of vesting service. Thus, after six years of vesting service, a participant is 100% vested in contributions made by the Sponsor and Participating Employer. A year of vesting service is a Plan year in which the participant has been credited with at least 1,000 hours of service.

In addition, participants become fully vested upon normal or early retirement, total or permanent disability, or death while in the employ of the Sponsor and Participating Employer.

Any portion of a terminated participant's account to which the participant is not entitled is forfeited and allocated among the remaining participants' accounts in the same manner as company contributions.

Note 2 – Summary of significant accounting policies

Method of accounting

The Plan maintains its accounting records and prepares its financial statements on the accrual basis of accounting.

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. The Plan Administrator determines the valuation policies utilizing information provided by the investment advisors and custodians. See discussion under *Fair Value Measurements* for a description of valuation methodologies used.

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan documents.

Cash and cash equivalents

Cash and cash equivalents includes a money market fund valued using \$1 for the NAV.

Payment of benefits

Benefits are recorded when paid.

Concentrations of credit risk

The Plan maintains its cash and cash equivalents at financial institutions. The account balances at each institution may periodically exceed the Federal Deposit Insurance Corporation ("FDIC") insurance coverage, and as a result, there is a concentration of credit risk related to amounts on deposit in excess of FDIC insurance coverage. The Plan believes that the risk is not significant since the Plan does not anticipate the financial institutions' nonperformance.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Note 3 – Fair value measurements

The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The classification of a fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. These levels include:

Level 1 – observable inputs such as quoted prices in active markets for identical assets and liabilities;

Level 2 – observable inputs such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, other inputs that are observable or can be corroborated by observable market data; and

Level 3 – unobservable inputs for which there are little or no market data, which require the reporting entity to develop its own assumptions.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

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

Corporate equities

These investments are valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies

These investments are public investment vehicles valued using the Net Asset Value (NAV). The NAV is a quoted price in an active market.

Alternative investments

Alternative investments include private investment funds and funds-of-funds for which observable prices in active markets are not available. Alternative investments are valued using the Plan's capital account balance reported by the respective investment manager as the primary input. This capital account balance generally represents the Plan's pro rata interest in the net assets of the underlying portfolio investments which may contain Level 1, 2 or 3 inputs as components of the overall fair value measurement. Plan management considers information provided by the investment managers regarding the methods used to value underlying investments and may adjust the reported capital balance based on various factors, including, but not limited to, the attributes of the interest in the investments and any restrictions on or illiquidity of such interests.

The following tables categorize by major security type and fair value hierarchy level the Plan's investments as of December 31, 2024 and 2023:

	December 31, 2024	
	Level 1	Total
Investments at fair value		
Corporate equities	\$ 814,446	\$ 814,446
Registered investment companies	25,154,728	25,154,728
Alternative investments*	—	235,847
Total investments	\$ 25,969,174	\$ 26,205,021
	December 31, 2023	
	Level 1	Total
Investments at fair value		
Corporate equities	\$ 1,361,175	\$ 1,361,175
Registered investment companies	24,452,152	24,452,152
Alternative investments*	—	849,325
Total investments	\$ 25,813,327	\$ 26,662,652

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Alternative investments information

The following summarizes alternative investments information at December 31:

	<u>2024</u>	<u>2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>
AIP Alternative Lending Fund A	<u>\$ 235,847</u>	<u>\$ 849,325</u>	No	Quarterly ^(a)

(a) Redemptions are made under a discretionary share repurchase program.

AIP Alternative Lending Fund A

The fair value of the investment has been estimated using the net asset value of the Plan's ownership interest in shareholders' capital.

AIP Alternative Lending Fund A will seek to provide total return with an emphasis on current income. It may invest in a broad range of alternative lending securities—including but not limited to consumer loans, small business loans and specialty finance loans—that generate interest or other income streams that AIP believes offer access to credit risk premium. It will provide exposure to various types of credit risk, and it will be diversified across US states, with the potential to add non-US exposure over time—including in the UK and Europe.

Note 4 – Administrative and investment expenses

All expenses of administering the Plan are paid from the Plan unless the Sponsor or Participating Employer elect to pay them. The Sponsor paid certain administrative expenses and the Plan paid for all investment expenses in 2024.

Note 5 – Plan termination

The Sponsor and Participating Employer expect to continue the Plan indefinitely but reserve the right to amend or terminate the Plan at their discretion. If the Plan is terminated, participants' interests in their account balances will become fully vested.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Notes to Financial Statements

Note 6 – Forfeitures of nonvested balances

The Plan provides that the nonvested portion of a terminated participant's account shall be forfeited as of the earlier of the last day of the Plan year in which the participant receives a complete distribution of the vested balance or the last day of the Plan year in which the participant incurs five consecutive breaks in service as defined under the Plan. The amounts forfeited are used to restore forfeitures, reduce (or reallocate as) employer contributions, or to pay plan expenses. Forfeitures for 2024 amounted to \$33,248.

Note 7 – Tax status

The Plan operates under a prototype plan sponsored by The Angell Pension Group, Inc. The prototype plan sponsor has obtained an opinion letter dated June 30, 2020, in which the IRS stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). The Plan Administrator and the Plan's tax counsel believe that the Plan is currently being operated in accordance with the IRC. Accordingly, no provision has been made for federal income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 8 – Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. 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.

Note 9 – Party-in-interest transactions

During the year, the Plan incurred investment management and administrative fees with Edelman Financial Engines of approximately \$134,000. These fees qualify as party-in-interest transactions.

Participant loans are also considered party-in-interest transactions.

Note 10 – Subsequent events

The Plan has evaluated subsequent events and transactions through October 8, 2025, the date the financial statements were available to be issued. There were no events or transactions that occurred that would require recognition or disclosure in the financial statements.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

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

December 31, 2024

Plan Sponsor's EIN: 20-1207733; Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
	CORPORATE EQUITIES			
	TEX PAC LAND SUB CTF	CORPORATE EQUITIES	\$ 191,271	\$ 331,788
	AMAZON.COM, INC.	CORPORATE EQUITIES	315,205	482,658
			<u>\$ 506,476</u>	<u>\$ 814,446</u>
	REGISTERED INVESTMENT COMPANIES			
	INVESCO QQQ TRUST SRS 1	REGISTERED INVESTMENT COMPANY	2,398,801	3,675,744
	ISHARES BITCOIN ETF	REGISTERED INVESTMENT COMPANY	496,938	645,619
	ISHARES CORE S&P 500	REGISTERED INVESTMENT COMPANY	5,093,501	6,722,726
	ISHARES CORE US	REGISTERED INVESTMENT COMPANY	1,127,323	1,150,591
	ISHARES MSCI EAFE ETF	REGISTERED INVESTMENT COMPANY	985,142	1,023,003
	ISHARES S&P SMALL CAP 600	REGISTERED INVESTMENT COMPANY	1,331,394	1,490,153
	VANGUARD FTSE ALL WORLD	REGISTERED INVESTMENT COMPANY	552,293	574,100
	VANGUARD INFORMATION	REGISTERED INVESTMENT COMPANY	672,632	730,615
	VANGUARD MID CAP ETF	REGISTERED INVESTMENT COMPANY	1,326,874	1,325,404
	VANGUARD VALUE ETF	REGISTERED INVESTMENT COMPANY	2,028,267	2,248,473
	BLUEROCK TOTAL INCOME+R	REGISTERED INVESTMENT COMPANY	454,292	319,672
	CLIFFWATER CORPORATE LEN	REGISTERED INVESTMENT COMPANY	1,696,004	1,676,234
	INVENOMIC INSTITUTIONAL	REGISTERED INVESTMENT COMPANY	902,530	1,149,309
	LORD ABBOT SHORT DURATION	REGISTERED INVESTMENT COMPANY	1,204,156	1,191,753
	WCM FOCUSED INTERNATIONAL	REGISTERED INVESTMENT COMPANY	1,140,014	1,231,332
			<u>\$ 21,410,161</u>	<u>\$ 25,154,728</u>
	ALTERNATIVE INVESTMENTS			
	AIP ALTERNATIVE LENDING FUND A	ALTERNATIVE INVESTMENTS	282,629	235,847
			<u>\$ 282,629</u>	<u>\$ 235,847</u>
*	NOTES RECEIVABLE FROM PARTICIPANTS	RATE OF INTEREST - 3.00% to 8.00%	\$ -	\$ 891,872
*	Party-in-interest			

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within the Year)

Year Ended December 31, 2024

Plan Sponsor's EIN: 20-1207733; Plan Number: 001

(a)	(b)	(c)	(d)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST OF ACQUISITIONS	PROCEEDS OF DISPOSITIONS
FIDELITY WISE ORIGIN BITCOIN FUND	REGISTERED INVESTMENT COMPANY	\$ 419,977.00	\$ 444,371.00
META PLATFORMS INC	REGISTERED INVESTMENT COMPANY	274,122.00	285,592.00
NVIDIA CORP	REGISTERED INVESTMENT COMPANY	687,989.00	670,429.00
SCHWAB US REIT ETF	REGISTERED INVESTMENT COMPANY	800,297.00	736,193.00
SPDR PORTFOLIO LONG TERM TREASURY ETF	REGISTERED INVESTMENT COMPANY	1,398,079.00	1,336,774.00
VANGUARD EMERGING MARKETS STOCK INDEX FUND	REGISTERED INVESTMENT COMPANY	902,179.00	854,289.00
TECHNOLOGY SELECT SECTOR SPDR FUND	REGISTERED INVESTMENT COMPANY	411,199.00	398,807.00

This supplemental schedule lists assets held for investment purposes that were both acquired and disposed of within the plan year.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2024
 Plan Sponsor's EIN: 20-1207733; Plan Number: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CLIFFWATER CORPORATE LENDING FUND	REGISTERED INVESTMENT COMPANY	10	\$ 1,696,004			\$ 1,696,004	\$ 1,696,004	\$ -
ISHARES MSCI EAFE ETF	REGISTERED INVESTMENT COMPANY			8	\$ 1,713,040	\$ 1,649,467	\$ 1,713,040	\$ 63,573
ISHARES S&P SMALL-CAP 600 GROWTH ETF	REGISTERED INVESTMENT COMPANY	6	\$ 1,878,323			\$ 1,878,323	\$ 1,878,323	\$ -
ISHARES CORE S&P 500 ETF	REGISTERED INVESTMENT COMPANY			11	\$ 3,857,889	\$ 3,116,609	\$ 3,857,889	\$ 741,280
ISHARES CORE S&P 500 ETF	REGISTERED INVESTMENT COMPANY	9	\$ 2,166,755			\$ 2,166,755	\$ 2,166,755	\$ -
SPDR S&P KENSHO NEW ECONOMIES COMPOSITE ETF	REGISTERED INVESTMENT COMPANY			6	\$ 1,710,658	\$ 1,749,162	\$ 1,710,658	\$ (38,504)
INVESCO QQQ TRUST SERIES 1	REGISTERED INVESTMENT COMPANY			8	\$ 2,104,643	\$ 1,460,686	\$ 2,104,643	\$ 643,957
VANGUARD FTSE ALL-WORLD EX-US ETF	REGISTERED INVESTMENT COMPANY			10	\$ 2,050,490	\$ 1,927,268	\$ 2,050,490	\$ 123,222
VANGUARD INFORMATION TECHNOLOGY ETF	REGISTERED INVESTMENT COMPANY	11	\$ 2,087,664			\$ 2,087,664	\$ 2,087,664	\$ -

This supplemental schedule lists transactions that individually, or in aggregate with securities of the same issue, amount to more than 5% of the current value of plan assets.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan Christianbook, LLC Profit-Sharing Plan	1b Three-digit plan number (PN) ▶	001
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) Christianbook, LLC P.O. Box 6000 Peabody MA 01961	1c Effective date of plan 07/01/1982	2b Employer Identification Number (EIN) 20-1207733
	2c Plan Sponsor's telephone number 978-532-5300	2d Business code (see instructions) 453990

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		10/9/2024	DREW JOHNSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/2024	DREW JOHNSTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	659
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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)	553
a(2) Total number of active participants at the end of the plan year	6a(2)	437
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	122
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	559
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	559
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)	498
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)	546
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	44

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 3H 3D

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

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

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

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

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

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

Receipt Confirmation Code _____

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2024
 Plan Sponsor's EIN: 20-1207733; Plan Number: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CLIFFWATER CORPORATE LENDING FUND	REGISTERED INVESTMENT COMPANY	10	\$ 1,696,004			\$ 1,696,004	\$ 1,696,004	\$ -
ISHARES MSCI EAFE ETF	REGISTERED INVESTMENT COMPANY			8	\$ 1,713,040	\$ 1,649,467	\$ 1,713,040	\$ 63,573
ISHARES S&P SMALL-CAP 600 GROWTH ETF	REGISTERED INVESTMENT COMPANY	6	\$ 1,878,323			\$ 1,878,323	\$ 1,878,323	\$ -
ISHARES CORE S&P 500 ETF	REGISTERED INVESTMENT COMPANY			11	\$ 3,857,889	\$ 3,116,609	\$ 3,857,889	\$ 741,280
ISHARES CORE S&P 500 ETF	REGISTERED INVESTMENT COMPANY	9	\$ 2,166,755			\$ 2,166,755	\$ 2,166,755	\$ -
SPDR S&P KENSHO NEW ECONOMIES COMPOSITE ETF	REGISTERED INVESTMENT COMPANY			6	\$ 1,710,658	\$ 1,749,162	\$ 1,710,658	\$ (38,504)
INVESCO QQQ TRUST SERIES 1	REGISTERED INVESTMENT COMPANY			8	\$ 2,104,643	\$ 1,460,686	\$ 2,104,643	\$ 643,957
VANGUARD FTSE ALL-WORLD EX-US ETF	REGISTERED INVESTMENT COMPANY			10	\$ 2,050,490	\$ 1,927,268	\$ 2,050,490	\$ 123,222
VANGUARD INFORMATION TECHNOLOGY ETF	REGISTERED INVESTMENT COMPANY	11	\$ 2,087,664			\$ 2,087,664	\$ 2,087,664	\$ -

This supplemental schedule lists transactions that individually, or in aggregate with securities of the same issue, amount to more than 5% of the current value of plan assets.

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

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

December 31, 2024

Plan Sponsor's EIN: 20-1207733; Plan Number: 001

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
CORPORATE EQUITIES				
TEX PAC LAND SUB CTF	CORPORATE EQUITIES	\$ 191,271	\$ 331,788	
AMAZON.COM, INC.	CORPORATE EQUITIES	315,205	482,658	
		<u>\$ 506,476</u>	<u>\$ 814,446</u>	
REGISTERED INVESTMENT COMPANIES				
INVESCO QQQ TRUST SRS 1	REGISTERED INVESTMENT COMPANY	2,398,801	3,675,744	
ISHARES BITCOIN ETF	REGISTERED INVESTMENT COMPANY	496,938	645,619	
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ISHARES CORE US	REGISTERED INVESTMENT COMPANY	1,127,323	1,150,591	
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VANGUARD VALUE ETF	REGISTERED INVESTMENT COMPANY	2,028,267	2,248,473	
BLUEROCK TOTAL INCOME+R	REGISTERED INVESTMENT COMPANY	454,292	319,672	
CLIFFWATER CORPORATE LEN	REGISTERED INVESTMENT COMPANY	1,696,004	1,676,234	
INVENOMIC INSTITUTIONAL	REGISTERED INVESTMENT COMPANY	902,530	1,149,309	
LORD ABBOT SHORT DURATION	REGISTERED INVESTMENT COMPANY	1,204,156	1,191,753	
WCM FOCUSED INTERNATIONAL	REGISTERED INVESTMENT COMPANY	1,140,014	1,231,332	
		<u>\$ 21,410,161</u>	<u>\$ 25,154,728</u>	
ALTERNATIVE INVESTMENTS				
AIP ALTERNATIVE LENDING FUND A	ALTERNATIVE INVESTMENTS	282,629	235,847	
		<u>\$ 282,629</u>	<u>\$ 235,847</u>	
* NOTES RECEIVABLE FROM PARTICIPANTS	RATE OF INTEREST - 3.00% to 8.00%	\$ -	\$ 891,872	
* Party-in-interest				

CHRISTIANBOOK, LLC PROFIT-SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within the Year)
 Year Ended December 31, 2024
 Plan Sponsor's EIN: 20-1207733: Plan Number: 001

(a)	(b)	(c)	(d)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST OF ACQUISITIONS	PROCEEDS OF DISPOSITIONS
FIDELITY WISE ORIGIN BITCOIN FUND	REGISTERED INVESTMENT COMPANY	\$ 419,977.00	\$ 444,371.00
META PLATFORMS INC	REGISTERED INVESTMENT COMPANY	274,122.00	285,592.00
NVIDIA CORP	REGISTERED INVESTMENT COMPANY	687,989.00	670,429.00
SCHWAB US REIT ETF	REGISTERED INVESTMENT COMPANY	800,297.00	736,193.00
SPDR PORTFOLIO LONG TERM TREASURY ETF	REGISTERED INVESTMENT COMPANY	1,398,079.00	1,336,774.00
VANGUARD EMERGING MARKETS STOCK INDEX FUND	REGISTERED INVESTMENT COMPANY	902,179.00	854,289.00
TECHNOLOGY SELECT SECTOR SPDR FUND	REGISTERED INVESTMENT COMPANY	411,199.00	398,807.00

This supplemental schedule lists assets held for investment purposes that were both acquired and disposed of within the plan year.