

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 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) HURRICANE MILTON
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 SUNSHINE ACE HARDWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/30/1967
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) SUNSHINE ACE HARDWARE, INC. 9148 BONITA BEACH ROAD, UNIT 200 BONITA SPRINGS, FL 34135
2b	Employer Identification Number (EIN) 20-0201457
2c	Plan Sponsor's telephone number 239-992-0454
2d	Business code (see instructions) 444130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/07/2025	MICHAEL A. WYNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 620
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) 542 6a(2) 508 6b 14 6c 45 6d 567 6e 0 6f 567 6g(1) 327 6g(2) 323 6h 13
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 2F 2G 2J 2K 2T 3D 3H

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

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

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

a Pension Schedules

- (1)** ☒ **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 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SUNSHINE ACE HARDWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSHINE ACE HARDWARE, INC.	D Employer Identification Number (EIN) 20-0201457	

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	776290-01	323	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 4668509**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 5640392**c** Additions: (1) Contributions deposited during the year **7c(1)** 477913(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 166617(4) Transferred from separate account **7c(4)** 17022(5) Other (specify below) **7c(5)** 32611▶ **LOAN REPAYMENTS**(6) Total additions **7c(6)** 694163**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6334555**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1192691(2) Administration charge made by carrier **7e(2)** 21071(3) Transferred to separate account **7e(3)** 452284(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 1666046**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4668509

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SUNSHINE ACE HARDWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSHINE ACE HARDWARE, INC.	D Employer Identification Number (EIN) 20-0201457	

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	51622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NAPLES ASSET MGMT COMPANY, LLC

999 VANDERBILT BEACH RD.
SUITE 200
NAPLES, FL 34108

20-2190247

(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	INVESTMENT ADVISOR	33679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE AIMPOINT GROUP, LLC

PO BOX 220156
HOLLYWOOD, FL 33076

27-1536868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	12338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KABAT SCHERTZER DE LA TORRE

1625 N. COMMERCE PARKWAY
SUITE 315
WESTON, FL 33326

26-0547877

(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?
99	AUDITOR	5197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SUNSHINE ACE HARDWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSHINE ACE HARDWARE, INC.		
		D Employer Identification Number (EIN) 20-0201457

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	20567	13211
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1900000	2590000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	219989	208065
(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)	7630850	10138209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5640392	4668509
(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	15411798	17617994
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	149822	205802
k Total liabilities (add all amounts in lines 1g through 1j)	1k	149822	205802
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15261976	17412192

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)	552565	
(B) Participants	2a(1)(B)	828168	
(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)		1380733
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)	13424	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13424
(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)	410394	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		410394
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	690000	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1279535
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3774086

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1531501	
(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)		1531501
f Corrective distributions (see instructions)	2f		584
g Certain deemed distributions of participant loans (see instructions)	2g		26199
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	60246	
(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)	4020	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1320	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		65586
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1623870

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2150216
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: **KABAT, SCHERTZER, DE LA TORRE, TARA**

(2) EIN: **26-0547877**

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.)	☒	☐	30866
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SUNSHINE ACE HARDWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSHINE ACE HARDWARE, INC.	D Employer Identification Number (EIN) 20-0201457	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703912A</u> .	

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

YEAR ENDED DECEMBER 31, 2023

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR’S REPORT	1-4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-14
SUPPLEMENTARY INFORMATION	
Form 5500 - Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16-17
Form 5500 - Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	18



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust

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

We have performed audits of the accompanying financial statements of the Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Sunshine Ace Hardware, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

MIAMI-DADE
305.670.3370
9300 S. Dadeland Blvd.
Suite 600
Miami, FL 33156

BROWARD
954.485.5788
1625 N. Commerce Pkwy
Suite 315
Weston, FL 33326

PALM BEACH
561.737.5568
951 Yamato Road.
Suite 210
Boca Raton, FL 33431

CHARLOTTE
704.246.3300
2201 South Blvd.
Suite 220
Charlotte, NC 33431



INDEPENDENT AUDITOR'S REPORT (Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

MIAMI-DADE
305.670.3370
9300 S. Dadeland Blvd.
Suite 600
Miami, FL 33156

BROWARD
954.485.5788
1625 N. Commerce Pkwy
Suite 315
Weston, FL 33326

PALM BEACH
561.737.5568
951 Yamato Road.
Suite 210
Boca Raton, FL 33431

CHARLOTTE
704.246.3300
2201 South Blvd.
Suite 220
Charlotte, NC 33431



INDEPENDENT AUDITOR'S REPORT (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 the Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust'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 Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500 - Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Form 5500 – Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2023, 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.

MIAMI-DADE
305.670.3370
9300 S. Dadeland Blvd.
Suite 600
Miami, FL 33156

BROWARD
954.485.5788
1625 N. Commerce Pkwy
Suite 315
Weston, FL 33326

PALM BEACH
561.737.5568
951 Yamato Road.
Suite 210
Boca Raton, FL 33431

CHARLOTTE
704.246.3300
2201 South Blvd.
Suite 220
Charlotte, NC 33431



INDEPENDENT AUDITOR'S REPORT (Continued)

Supplemental Schedules Required by ERISA (Continued)

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KABAT, SCHERTZER, DE LA TORRE, TARABOULOS & Co.

Weston, Florida
October 14, 2024

MIAMI-DADE
305.670.3370
9300 S. Dadeland Blvd.
Suite 600
Miami, FL 33156

BROWARD
954.485.5788
1625 N. Commerce Pkwy
Suite 315
Weston, FL 33326

PALM BEACH
561.737.5568
951 Yamato Road.
Suite 210
Boca Raton, FL 33431

CHARLOTTE
704.246.3300
2201 South Blvd.
Suite 220
Charlotte, NC 33431

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
CASH	\$ 13,211	\$ 20,567
INVESTMENTS, AT FAIR VALUE	12,728,209	9,530,850
FULLY BENEFIT-RESPONSIVE INSURANCE CONTRACT AT CONTRACT VALUE	4,668,509	5,640,392
NOTES RECEIVABLE FROM PARTICIPANTS	<u>208,065</u>	<u>219,989</u>
TOTAL ASSETS	<u>17,617,994</u>	<u>15,411,798</u>
LIABILITIES		
ACCOUNTS PAYABLE	3,822	72
NOTES PAYABLE TO SPONSOR AND PARTICIPATING EMPLOYERS	<u>201,980</u>	<u>149,750</u>
TOTAL LIABILITIES	<u>205,802</u>	<u>149,822</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,412,192</u>	<u>\$ 15,261,976</u>

The accompanying notes are an integral part of these financial statements.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2023

ADDITIONS:

Investment Income:

Net appreciation in fair value of assets	\$ 1,969,535
Interest and dividends	<u>423,818</u>
Total investment income	<u>2,393,353</u>

Contributions:

Employee	828,168
Employer	<u>552,565</u>
Total contributions	<u>1,380,733</u>

TOTAL ADDITIONS	<u>3,774,086</u>
-----------------	------------------

DEDUCTIONS:

Benefits paid to participants	1,558,284
Administrative fees	<u>65,586</u>
TOTAL DEDUCTIONS	<u>1,623,870</u>

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,150,216
---	-----------

NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	<u>15,261,976</u>
---	-------------------

NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u><u>\$ 17,412,192</u></u>
--	-----------------------------

The accompanying notes are an integral part of these financial statements.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Sunshine Ace Hardware, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions, which is on file in the offices of Sunshine Ace Hardware, Inc. (the Plan sponsor).

General

The Plan is a defined contribution 401(k) profit sharing retirement plan, covering all eligible employees of the Plan sponsor, Wynn Properties, Inc., Wynn Catering, Inc. (through December 29, 2022), Wynn's Healthy Oasis (through December 29, 2022), Wynn's at the Reef LLC, Wynn's Family Market, Inc. and Florida Handyman Services, LLC (collectively the "Company" or "Companies"). The Plan commenced on January 1, 2003 and was amended and restated as of January 1, 2008. It is subject to the provisions of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

In order to be eligible to participate in the Plan, an employee must be 18 years of age and have been employed with the Company for 6 consecutive months. All employees hired on or before January 1, 2003 are automatically eligible to participate regardless of the age and service requirements.

Contributions

Participants may elect to contribute up to 95% of pretax annual compensation, as defined by the Plan. According to Internal Revenue Service IRS rules, the deferral may not exceed \$22,500 in 2023 and \$20,500 in 2022. Participants who have reached at least age 50 may contribute an additional catch-up yearly contribution of \$7,500 and \$6,500 during 2023 and 2022, respectively. Eligible participants may also contribute amounts representing distributions from other qualified benefit or contribution plans. The employer matching contribution equals 100% of the employees' contribution to a maximum of 5% of their annual compensation. All contributions are invested in a group annuity or mutual funds.

Participant Accounts

Each participant's account is credited with employee contributions, the employer's matching contribution, and a ratable portion of investment gain or losses, net of Plan expenses. Each participant's account is charged with any distributions made to that participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Options

Participants may direct contributions to be allocated among a selection of securities provided by the Plan (see Note 3).

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 100% vested in the Plan if they were participants prior to January 1, 2003. The vesting schedule for participants hired subsequent to January 1, 2003 is stated as follows:

Number of Years <u>Employed</u>	<u>Vested%</u>
After 1 year	25%
After 2 years	50%
After 3 years	75%
After 4 years	100%

Payment of Benefits

Participant contributions and the vested portion of the Plan sponsor's matching contributions are available for distribution upon attainment of retirement age, termination of employment, disability or death. If the participant's vested account balance was less than \$5,000 at the date of the distribution, then that balance shall be distributed in a single lump-sum payment. If the participant's vested account balance was more than \$5,000 at the date of the distribution, then the participant can elect to receive a lump sum or direct rollover or choose to defer receiving payment until age 70½.

Contributions are also available for distribution in the form of a hardship withdrawal. Hardship withdrawals may be made by participants to satisfy certain immediate and heavy financial needs that a participant may have, as outlined in the Plan agreement. The amount of the hardship withdrawal is limited to the balance of the participant's salary deferral and rollover from other plans.

In the event of death, 100% of the participant's vested account balance is payable to a participant's beneficiary or beneficiaries.

Participants become eligible to receive 100% of their entire account balance in the Plan if they become permanently disabled as defined by the Plan agreement.

Forfeitures

Forfeitures of the non-vested account balances of participants may be used to reduce employer contributions. As of December 31, 2023, the balance of the forfeiture account was \$9,043.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Termination of the Plan

Although it has not expressed any intent to do so, the Plan sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the Plan to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent net assets available for benefits at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). 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 (see Note 5 for disclosure of fair value measurements).

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

Concentration of Credit Risk

Financial instruments which potentially expose the Plan to concentrations of credit risks, as defined by GAAP, consist primarily of investments and notes receivable. The Plan invests in marketable securities which, inherent in the fair market value determination, include the risk factor of credit worthiness for each individual debt security.

Administrative Expenses

Certain administrative and accounting functions are performed by the Plan sponsor's employees, who received no compensation from the Plan. Administrative expenses, such as professional fees, can be paid directly by the Plan's sponsor.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

Reliance Trust Company, the custodian, held the Plan's investments as of December 31, 2023 and 2022. The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022, respectively, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2023, and the information reflected on the schedule of Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023.

Allocations among the underlying investments are participant directed. The accounts are credited with earnings on the underlying investments (principally mutual funds) and charged for Plan withdrawals and administrative expenses.

During the year ended December 31, 2023, the Plan's underlying investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,969,535. This was reported as net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

NOTE 4. NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts up to \$50,000 or 50% of their vested account balance, whichever is less. Participant loans are only available for the purchase of a primary residence. The repayment period of the loan is commensurate with the repayment period permitted by a commercial lender, normally 10 years or less. The loans would be secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates provided by local lending institutions. As of December 31, 2023 and 2022, the interest on the notes receivable from participants ranged between 4.25% and 9.50% with maturities through 2031. Principal and interest would be repaid ratably through bi-weekly payroll deductions. For the Plan years ended December 31, 2023 and 2022, participant loans were \$208,065 and \$219,989, respectively.

NOTE 5. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value, expands disclosures about fair value measurements, and establishes a fair value hierarchy which prioritizes the inputs used in measuring fair value summarized as follows:

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

Level 2: Inputs to the valuation methodology include:

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

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 5. FAIR VALUE MEASUREMENTS (Continued)

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

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

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

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2023 and 2022:

- Mutual funds: Valued at the daily closing price as reported by the Plan. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Land trust: Valued at appraisal value. The appraiser used a sales-comparison approach comparing to existing properties of the same or similar utility (including location, size and use).

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 10,138,209	\$ -	\$ -	\$ 10,138,209
Land Trust	-	-	2,590,000	2,590,000
Total investments at fair value	<u>\$ 10,138,209</u>	<u>\$ -</u>	<u>\$ 2,590,000</u>	<u>\$ 12,728,209</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 7,630,850	\$ -	\$ -	\$ 7,630,850
Land Trust	-	-	1,900,000	1,900,000
Total investments at fair value	<u>\$ 7,630,850</u>	<u>\$ -</u>	<u>\$ 1,900,000</u>	<u>\$ 9,530,850</u>

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 5. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in fair value of the Plan's level 3 investments for the year ended December 31, 2023:

	<u>Land Trust</u>
Balance, January 1, 2022	\$1,530,000
Unrealized gain related to instruments still held at reporting date	-
Additions and deductions (net)	<u>370,000</u>
Balance, December 31, 2022	1,900,000
Unrealized gain related to instruments still held at reporting date	-
Additions and deductions (net)	<u>690,000</u>
Balance, December 31, 2023	<u><u>\$2,590,000</u></u>

NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

As of December 31, 2023, the Plan has a group annuity contract with Mass Mutual Life Insurance Company managed by Great West Investments that invests contributions in the Mass Mutual Separate Account Guaranteed Interest Contract (the SAGIC). The SAGIC is a general account product.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract since the contract was determined to be fully benefit-responsive. The contract is included in the financial statements at fair value which approximates contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the investment contract as of December 31, 2023 and 2022 were \$4,668,509 and \$5,640,392, respectively. The crediting interest is based on a formula agreed upon with the issuer.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable to occur.

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Average yields for the Plan were as follows:

	<u>2023</u>	<u>2022</u>
Based on interest rate earned by the Plan and credited to participants	3.55%	3.15%

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments may include shares of investments managed by Empower, the Plan's custodian, or its affiliates and, therefore, these transactions qualify as a party-in-interest transaction; however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan to Empower for contract recordkeeping services for the year ended December 31, 2023 were approximately \$51,600.

The Plan's sponsor and participating employer absorbs virtually all the Plan's administrative expenses.

NOTE 8. NOTES PAYABLE TO SPONSOR AND PARTICIPATING EMPLOYERS

To alleviate liquidity issues arising from the need to make distributions to participants and pay for expenses associated with the Land Trust investment, the Plan sponsor and participating employers make interest free loans to the Plan. These transactions are excluded from the prohibited transactions rules by Prohibited Exemption 80-26. The note payable balance was \$201,980 and \$149,750 as of December 31, 2023 and 2022, respectively.

Repayment of the loan will be made within an administratively practical time after receipt of demand for payment from the sponsor, or upon sale of the Land Trust investment. At that time, all participant account balances will be allocated a proportionate share of the total amount repaid based upon each respective account balance at the time the original loan was made by the Plan sponsor.

NOTE 9. TAX STATUS

The Plan was designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Internal Revenue Service has determined that the prototype which this Plan has been based on has been designed in accordance with applicable sections of the IRC.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023
(Continued)

NOTE 9. TAX STATUS (Continued)

Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken by the Plan. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The administrator believes it is no longer subject to income tax examination for years prior to December 31, 2020.

NOTE 10. PROHIBITED TRANSACTIONS

During 2023, participant deferrals for four payroll periods totaling approximately \$30,866 were not remitted timely to the Plan. The Department of Labor's (DOL) regulation 29 CFR 2510.3-102 requires that participant contributions be remitted to the Plan on the earliest date on which they can reasonably be segregated from the Company's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction which must be separately reported to the DOL and may result in penalties to the Plan sponsor. Subsequent to the due dates, the sponsor remitted these participant contributions to the Plan. All contributions were remitted within the Plan year. Several of these were self-corrected including interests using VFCP during the Plan year, and the rest were self-corrected subsequently to year-end.

During 2022, participant deferrals for two payroll periods totaling approximately \$12,613 had not been remitted timely to the Plan. Subsequent to the due dates, the Plan sponsor remitted these participant contributions to the Plan within the 2022 Plan year excluding interests, which were remitted during the 2023 Plan year. These are shown as fully corrected in the Schedule of Delinquent Participant Contributions.

NOTE 11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

SUPPLEMENTARY INFORMATION

YEAR ENDED DECEMBER 31, 2023

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>Real estate:</u>			
	Land Trust	Real Estate Trust	**	\$ 2,590,000
	<u>Mutual funds:</u>			
	Vanguard	VANGUARD 500 INDEX ADMIRAL	**	1,469,520
	Vanguard	VANGUARD TARGET RETIREMENT 2030 INV	**	1,227,000
	Vanguard	VANGUARD TARGET RETIREMENT 2040 INV	**	1,008,425
	JP Morgan	JPMORGAN MID CAP GROWTH R6	**	653,111
	MFS	MFS MASSACHUSETTS INVESTORS GR STK R6	**	633,882
	Vanguard	VANGUARD TARGET RETIREMENT 2050 INV	**	633,341
	Vanguard	VANGUARD TARGET RETIREMENT 2020 INV	**	476,191
	Blackrock	BLACKROCK HIGH YIELD BOND PORTFOLIO K	**	406,061
	T Rowe Price	T. ROWE PRICE VALUE I	**	317,021
	Vanguard	VANGUARD SMALL CAP INDEX ADM	**	276,934
	Vanguard	VANGUARD MID-CAP VALUE INDEX ADMIRAL	**	229,767
	American Funds	AMERICAN FUNDS SMALLCAP WORLD R6	**	221,700
	Vanguard	VANGUARD TARGET RETIREMENT 2060 INV	**	220,517
	Vanguard	VANGUARD TARGET RETIREMENT 2025 INV	**	214,606
	Vanguard	VANGUARD MID CAP INDEX FUND - ADMIRAL	**	209,049
	Vanguard	VANGUARD VALUE INDEX ADM	**	204,080
	PIMCO	PIMCO LOW DURATION INCOME INSTL	**	186,727
	Vanguard	VANGUARD TARGET RETIREMENT 2035 INV	**	182,705
	Principal Investors	PRINCIPAL MIDCAP R6	**	173,134
	Vanguard	VANGUARD TARGET RETIREMENT INCOME INV	**	169,428
	Western Assets	WESTERN ASSET CORE BOND IS	**	159,553
	Vanguard	VANGUARD TARGET RETIREMENT 2045 INV	**	147,831
	John Hancock	JHANCOCK BOND R6	**	141,366
	Vanguard	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	**	116,947
	Vanguard	VANGUARD TARGET RETIREMENT 2065 INV	**	80,902
	Fidelity	FIDELITY INTERNATIONAL INDEX	**	73,096
	Fidelity	FIDELITY ADVISOR INTL SMALL CAP Z	**	58,980
	Principal Investors	PRINCIPAL SMALLCAP GROWTH I R6	**	51,006
	Vanguard	VANGUARD INTERNATIONAL GROWTH ADM	**	45,619
	American Funds	AMERICAN FUNDS AMERICAN BALANCED R6	**	42,774
	American Funds	AMERICAN FUNDS EUROPACIFIC GR R6	**	41,393
	Vanguard	VANGUARD TARGET RETIREMENT 2055 INV	**	36,391
	Vanguard	VANGUARD INTERNATIONAL VALUE PORTFOLIO	**	29,143
	T Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH I	**	5
	Goldman Sachs	GOLDMAN SACHS INTL SMALL CAP INSIGHTS	**	2
	Lord Abbett	LORD ABBETT HIGH YIELD R6	**	1
	PGIM	PGIM SHORT-TERM CORPORATE BD R6	**	1
		Total mutual funds		10,138,209
		Total investments at fair market value		\$ 12,728,209

The accompanying independent auditor's report should be read with this supplementary schedule.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal continued from previous page			\$ 12,728,209
	<u>Guaranteed Insurance Contract:</u>			
*	Great West Life	SAGIC DIVERSIFIED BOND II	**	4,668,509
		Total investments		<u>17,396,718</u>
	<u>Cash:</u>			
	First Foundation Bank	Land trust account	\$ 4,168	4,168
*	Empower	Holding account	<u>9,043</u>	<u>9,043</u>
		Total cash	<u>13,211</u>	<u>13,211</u>
*	Notes receivable from participants Interest at 4.25% to 9.50%, maturities through 2031		-	208,065
		Total	<u>\$13,211</u>	<u>\$ 17,617,994</u>

* Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments.

The accompanying independent auditor's report should be read with this supplementary schedule.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2023

		Total that Constitute Non-exempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan		Contributions Not Corrected	Contributions Corrected Outside VFCP	Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51	Year
Check here if Late Participant Loan Repayments are included ☒						
\$12,613		\$ -	\$ -	\$ -	\$ 12,613	2022
\$30,866		\$ -	\$ -	\$ 1,100	\$ 29,766	2023

The accompanying independent auditor's report should be read with this supplementary schedule.

SUNSHINE ACE HARDWARE, INC.
401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2023

	Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	Year
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Pending Correction in VFCP		
Participant Contributions Transferred Late to the Plan					
Check here if Late Participant Loan Repayments are included ☒					
\$12,613	\$ -	\$ -	\$ -	\$ 12,613	2022
\$30,866	\$ -	\$ -	\$ 1,100	\$ 29,766	2023

The accompanying independent auditor's report should be read with this supplementary schedule.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>Real estate:</u>			
	Land Trust	Real Estate Trust	**	\$ 2,590,000
	<u>Mutual funds:</u>			
	Vanguard	VANGUARD 500 INDEX ADMIRAL	**	1,469,520
	Vanguard	VANGUARD TARGET RETIREMENT 2030 INV	**	1,227,000
	Vanguard	VANGUARD TARGET RETIREMENT 2040 INV	**	1,008,425
	JP Morgan	JPMORGAN MID CAP GROWTH R6	**	653,111
	MFS	MFS MASSACHUSETTS INVESTORS GR STK R6	**	633,882
	Vanguard	VANGUARD TARGET RETIREMENT 2050 INV	**	633,341
	Vanguard	VANGUARD TARGET RETIREMENT 2020 INV	**	476,191
	Blackrock	BLACKROCK HIGH YIELD BOND PORTFOLIO K	**	406,061
	T Rowe Price	T. ROWE PRICE VALUE I	**	317,021
	Vanguard	VANGUARD SMALL CAP INDEX ADM	**	276,934
	Vanguard	VANGUARD MID-CAP VALUE INDEX ADMIRAL	**	229,767
	American Funds	AMERICAN FUNDS SMALLCAP WORLD R6	**	221,700
	Vanguard	VANGUARD TARGET RETIREMENT 2060 INV	**	220,517
	Vanguard	VANGUARD TARGET RETIREMENT 2025 INV	**	214,606
	Vanguard	VANGUARD MID CAP INDEX FUND - ADMIRAL	**	209,049
	Vanguard	VANGUARD VALUE INDEX ADM	**	204,080
	PIMCO	PIMCO LOW DURATION INCOME INSTL	**	186,727
	Vanguard	VANGUARD TARGET RETIREMENT 2035 INV	**	182,705
	Principal Investors	PRINCIPAL MIDCAP R6	**	173,134
	Vanguard	VANGUARD TARGET RETIREMENT INCOME INV	**	169,428
	Western Assets	WESTERN ASSET CORE BOND IS	**	159,553
	Vanguard	VANGUARD TARGET RETIREMENT 2045 INV	**	147,831
	John Hancock	JHANCOCK BOND R6	**	141,366
	Vanguard	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	**	116,947
	Vanguard	VANGUARD TARGET RETIREMENT 2065 INV	**	80,902
	Fidelity	FIDELITY INTERNATIONAL INDEX	**	73,096
	Fidelity	FIDELITY ADVISOR INTL SMALL CAP Z	**	58,980
	Principal Investors	PRINCIPAL SMALLCAP GROWTH I R6	**	51,006
	Vanguard	VANGUARD INTERNATIONAL GROWTH ADM	**	45,619
	American Funds	AMERICAN FUNDS AMERICAN BALANCED R6	**	42,774
	American Funds	AMERICAN FUNDS EUROPACIFIC GR R6	**	41,393
	Vanguard	VANGUARD TARGET RETIREMENT 2055 INV	**	36,391
	Vanguard	VANGUARD INTERNATIONAL VALUE PORTFOLIO	**	29,143
	T Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH I	**	5
	Goldman Sachs	GOLDMAN SACHS INTL SMALL CAP INSIGHTS	**	2
	Lord Abbett	LORD ABBETT HIGH YIELD R6	**	1
	PGIM	PGIM SHORT-TERM CORPORATE BD R6	**	1
		Total mutual funds		10,138,209
		Total investments at fair market value		\$ 12,728,209

The accompanying independent auditor's report should be read with this supplementary schedule.

SUNSHINE ACE HARDWARE, INC.

401(k) PROFIT SHARING PLAN AND TRUST

EMPLOYER IDENTIFICATION NUMBER - #22-1621577

PLAN NUMBER – 002

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal continued from previous page			\$ 12,728,209
	<u>Guaranteed Insurance Contract:</u>			
*	Great West Life	SAGIC DIVERSIFIED BOND II	**	4,668,509
		Total investments		<u>17,396,718</u>
	<u>Cash:</u>			
	First Foundation Bank	Land trust account	\$ 4,168	4,168
*	Empower	Holding account	<u>9,043</u>	<u>9,043</u>
		Total cash	<u>13,211</u>	<u>13,211</u>
*	Notes receivable from participants Interest at 4.25% to 9.50%, maturities through 2031		-	208,065
		Total	<u>\$13,211</u>	<u>\$ 17,617,994</u>

* Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments.

The accompanying independent auditor's report should be read with this supplementary schedule.