

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/01/1995
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) ATLANTA SUNBELT PRODUCTS, INC. P.O. BOX 726 WINDER, GA 30680
2b Employer Identification Number (EIN) 58-1682421
2c Sponsor's telephone number 770-868-1423
2d Business code (see instructions) 321210
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 11
b Total number of participants at the end of the plan year 11
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 11
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 11
d(1) Total number of active participants at the beginning of the plan year 7
d(2) Total number of active participants at the end of the plan year 8
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 05/06/2025, JOHN BUSENER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3884380	4159325
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3884380	4159325
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	80000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	194945	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		274945
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		274945
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SUMMARY ANNUAL REPORT
ATLANTA SUNBELT
PRODUCTS, INC. PROFIT
SHARING PLAN

This is a summary of the annual report for the above referenced Profit Sharing Plan (001) for the year ended March 31, 2025.

The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974.

BASIC FINANCIAL
STATEMENT

Benefits under the plan are provided by trust. Plan expenses for the year were \$0. These expenses included \$0 in administrative expenses and \$0 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 11 persons were participants in the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$4,159,325 as of March 31, 2025 compared to \$3,884,380 as of April 1, 2024. During the plan year the plan experienced an increase in its net assets of \$274,945. This increase includes unrealized appreciation or depreciation in the value of plan assets: that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$340,792 during the year, including employer contributions of \$80,000, employee contributions of \$0, gain or loss of \$0 from the sale of assets, and earnings from investments of \$260,792.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part. Thereof, on request, to obtain a copy of the full annual report or any part thereof, write or call the sponsor who is also administrator. You also have the right to receive from the plan administrator, on request at No charge, a statement of assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included. You also have the legally protected right to examine the annual report at the main office of the plan, and at the U.S. Department of labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Request to the department should be addressed to: Public Disclosure Room, N-5507, Pension and Welfare Benefit Programs, Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20216.

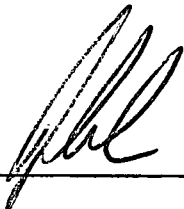
ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025

CERTIFICATION OF PARTICIPANTS' COMPENSATION

WE HEREBY CERTIFY THAT THE FOLLOWING PERSONS WERE EMPLOYED BY THE COMPANY ON THE DATE NOTED ABOVE AND WERE ELIGIBLE FOR PARTICIPATION IN THE PLAN; ALSO, THAT THEIR COMPENSATION (AS DEFINED IN THE PLAN) FOR THE YEAR WAS AS FOLLOWS:

JOHN S. BUSENER	\$	464,312.00
DARRELL BROWNLEE		39,812.56
DANIEL NIX		39,613.35
YVETTE S. RAINEY		44,972.00
ROBERTO BARCENAS		45,013.55
FRANCISCO CARRASCO		38,363.75
TINA JONES		36,046.70
DEANNA J. LILLY		43,543.15
	\$	<u>751,677.06</u>

SIGNATURE:

 5-2-2025

ATLANTA SUNBELT PRODUCTS, INC.
PROFIT SHARING PLAN
ALLOCATION SCHEDULE
PLAN YEAR ENDED MARCH 31, 2025

PARTICIPANT		BEGINNING BALANCE	CONTRIBUTION	PLAN EARNINGS	FORFEITURES	WITHDRAWALS	ENDING BALANCE	% VESTED	VESTED AMOUNT
JOHN S. BUSENER	12	\$2,658,457.66	\$49,416.12	\$133,157.63	\$ -	\$ -	\$2,841,031.41	100	\$2,841,031.41
AMY B. BUSENER	0	9,682.92	-	\$476.15	-	-	10,159.07	100	10,159.07
IGNACIO TAMAYO	12	436,448.68	-	\$21,462.03	-	-	457,910.71	100	457,910.71
YVETTE S. RAINEY	12	353,648.36	4,786.31	\$17,625.75	-	-	376,060.42	100	376,060.42
ALFONSO AYALA	12	56,786.79	-	\$2,792.45	-	-	59,579.24	100	59,579.24
ROBERTO BARCENAS	12	133,185.05	4,790.73	\$6,784.85	-	-	144,760.63	100	144,760.63
FRANCISCO CARRASCO	12	88,150.49	4,083.00	\$4,535.51	-	-	96,769.00	100	96,769.00
DANIEL NIX	12	38,842.60	4,216.00	\$2,117.37	-	-	45,175.97	100	45,175.97
DARRELL BROWNLEE	12	8,486.52	4,237.20	\$625.68	-	-	13,349.40	60	8,009.64
TINA JONES	12	7,785.19	3,836.40	\$571.48	-	-	12,193.07	60	7,315.84
DEANNA J. LILLY	12	92,905.46	4,634.24	\$4,796.44	-	-	102,336.14	100	102,336.14
		3,884,379.72	80,000.00	194,945.34	-	-	4,159,325.06		
FORFIETURE RESERVES		-	-	-	-	-	-		
TOTAL BALANCES		\$ 3,884,379.72	\$ 80,000.00	\$ 194,945.34	\$ -	\$ -	\$ 4,159,325.06		

ATLANTA SUNBELT PRODUCTS, INC.
PROFIT SHARING PLAN
ALLOCATION OF EMPLOYER'S CONTRIBUTION
PLAN YEAR ENDED MARCH 31, 2025

PARTICIPANT	QUALIFIED COMPENSATION	CONTRIBUTION	MAXIMUM ADDITIONS	TOTAL ADDITIONS	FORFEITURE ALLOCATION
JOHN S. BUSENER	\$464,312.00	\$49,416.12	\$70,000.00	\$ 49,416.12	\$ -
AMY B. BUSENER	-	-	\$70,000.00	-	-
DARRELL BROWNLEE	39,812.56	4,237.20	\$70,000.00	4,237.20	-
YVETTE S. RAINEY	44,972.00	4,786.31	\$70,000.00	4,786.31	-
ROBERTO BARCENAS	45,013.55	4,790.73	\$70,000.00	4,790.73	-
FRANCISCO CARRASCO	38,363.75	4,083.00	\$70,000.00	4,083.00	-
DANIEL NIX	39,613.35	4,216.00	\$70,000.00	4,216.00	-
TINA JONES	36,046.70	3,836.40	\$70,000.00	3,836.40	-
DEANNA J. LILLY	43,543.15	4,634.24	\$70,000.00	4,634.24	-
	<u>\$751,677.06</u>	<u>\$80,000.00</u>		<u>\$80,000.00</u>	<u>\$ -</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

JOHN S. BUSENER

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 2,658,457.66
Employer's Contribution	49,416.12
Investment Earnings (Loss)	133,157.63
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 2,841,031.41</u>
Vested %	100%
Vested Balance	<u>\$ 2,841,031.41</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

AMY B. BUSENER

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 9,682.92
Employer's Contribution	-
Investment Earnings (Loss)	476.15
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 10,159.07</u>
Vested %	100%
Vested Balance	<u>\$ 10,159.07</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

IGNACIO TAMAYO

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 436,448.68
Employer's Contribution	-
Investment Earnings (Loss)	21,462.03
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 457,910.71</u>
Vested %	100%
Vested Balance	<u>\$ 457,910.71</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

DANIEL NIX

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 38,842.60
Employer's Contribution	4,216.00
Investment Earnings (Loss)	2,117.37
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 45,175.97</u>
Vested %	100%
Vested Balance	<u>\$ 45,175.97</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

YVETTE RAINEY

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 353,648.36
Employer's Contribution	4,786.31
Investment Earnings (Loss)	17,625.75
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 376,060.42</u>
Vested %	100%
Vested Balance	<u>\$ 376,060.42</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

ALFONSO AYALA

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 56,786.79
Employer's Contribution	-
Investment Earnings (Loss)	2,792.45
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 59,579.24</u>
Vested %	100%
Vested Balance	<u>\$ 59,579.24</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

ROBERTO BARCENAS

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$ 133,185.05
Employer's Contribution	4,790.73
Investment Earnings (Loss)	6,784.85
Forfeitures	-
Withdrawals	-
Balance - End of Period	<u>\$ 144,760.63</u>
Vested %	100%
Vested Balance	<u>\$ 144,760.63</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

FRANCISCO CARRASCO

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$	88,150.49
Employer's Contribution		4,083.00
Investment Earnings (Loss)		4,535.51
Forfeitures		-
Withdrawals		-
Balance - End of Period	\$	<u>96,769.00</u>
Vested %		100%
Vested Balance	\$	<u>96,769.00</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

DEANNA J. LILLY

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$	92,905.46
Employer's Contribution		4,634.24
Investment Earnings (Loss)		4,796.44
Forfeitures		-
Withdrawals		-
Balance - End of Period	\$	<u>102,336.14</u>
Vested %		100%
Vested Balance	\$	<u>102,336.14</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

DARRELL BROWNLEE

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$	8,486.52
Employer's Contribution		4,237.20
Investment Earnings (Loss)		625.68
Forfeitures		-
Withdrawals		-
Balance - End of Period	\$	<u>13,349.40</u>
Vested %		60%
Vested Balance	\$	<u>8,009.64</u>

ATLANTA SUNBELT PRODUCTS, INC. PROFIT SHARING PLAN
PLAN YEAR ENDED MARCH 31, 2025
PARTICIPANT'S ANNUAL REPORT

Participant's Name

TINA JONES

The following is a summary of your account in the company retirement program for the period indicated:

Balance - Beginning of Period	\$	7,785.19
Employer's Contribution		3,836.40
Investment Earnings (Loss)		571.48
Forfeitures		-
Withdrawals		-
		<hr/>
Balance - End of Period	\$	<u>12,193.07</u>
Vested %		60%
Vested Balance	\$	<u>7,315.84</u>