

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1964
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 36-2343766
2c Plan Sponsor's telephone number: 630-969-7640
2d Business code (see instructions): 332900

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

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

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

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

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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	268
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)	78
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
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:
1B 1I 1H

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **12/31/2023**

A Name of plan ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ARROW GEAR LLC	D Employer Identification Number (EIN) 36-2343766	

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

BANK OF AMERICA

94-1687665

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

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

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

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94-1687665

(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?
21	TRUSTEE	6443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 12/31/2023	
A Name of plan ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ARROW GEAR LLC	D Employer Identification Number (EIN) 36-2343766

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5931	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1588712	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17322	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7746901	0
(2) U.S. Government securities	1c(2)	3198592	0
(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)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12557458	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12557458	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	85098	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		85098
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	32520494	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	32518332	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2162
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		87260

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7032986	
(2) To insurance carriers for the provision of benefits.....	2e(2)	5472000	
(3) Other.....	2e(3)	129064	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12634050
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	6443	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	4225	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10668
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12644718

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12557458
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: **TMI CPA, PC**

(2) EIN: **47-2426908**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 4225.

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 541141.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 12/31/2023

A Name of plan <u>ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARROW GEAR LLC</u>	D Employer Identification Number (EIN) <u>36-2343766</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1687665

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	159
--	----------	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**ARROW GEAR COMPANY PENSION PLAN
FOR IAM EMPLOYEES**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
IN LIQUIDATION**

As of and for the Period October 1, 2023 through December 31, 2023 and the
Year Ended September 30, 2023
(In Liquidation)

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Arrow Gear Company Pension Plan for IAM Employees
Downers Grove, Illinois

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

We have performed audits of the accompanying financial statements of Arrow Gear Company Pension Plan for IAM Employees (the "Plan"), 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 and of accumulated plan benefits in liquidation as of December 31, 2023 and September 30, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits in liquidation for the period October 1, 2023 through December 31, 2023 and for the year ended September 30, 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 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 September 30, 2023, and for the period October 1, 2023 through December 31, 2023 and for the year ended September 30, 2023, stating that the certified investment information, as described in Note 8 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 Auditors' 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).

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the sponsor of Arrow Gear Company Pension Plan for IAM Employees approved a plan of liquidation effective July 31, 2023, and determined that liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis in presenting the financial statements for the period October 1, 2023 through December 31, 2023 and for the year ended September 31, 2023. Our opinion is not modified with respect to this matter.

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.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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 Schedule Required by ERISA

The supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions in Liquidation for the period October 1, 2023 through December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

TMA CPA, P.C.

Hauppauge, New York
September 30, 2024

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
December 31, 2023 and September 30, 2023

	<u>December 31, 2023</u>	<u>September 30, 2023</u>
Assets:		
Investments:		
Investments, at fair value	<u>\$ -</u>	<u>\$ 10,945,493</u>
Receivables:		
Accrued income	-	17,322
Employer contributions	<u>-</u>	<u>1,588,712</u>
Total Receivables	<u>-</u>	<u>1,606,034</u>
Cash, non-interest bearing	<u>-</u>	<u>5,931</u>
Total Assets	<u>-</u>	<u>12,557,458</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 12,557,458</u></u>

See accompanying notes to the financial statements.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
For the Period October 1, 2023 Through December 31, 2023 and
For the Year Ended September 30, 2023

	<u>October 1, 2023 Through December 31, 2023</u>	<u>October 1, 2022 Through September 30, 2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,162	\$ 786,306
Interest	85,098	122,552
Dividends	-	34,266
Other income	-	224
	<u>87,260</u>	<u>943,348</u>
Employer contributions	<u>-</u>	<u>1,805,170</u>
Total Additions	<u>87,260</u>	<u>2,748,518</u>
Deductions:		
Benefits paid to participants	12,634,050	743,235
Plan assets reverted to the plan sponsor (Note 1)	4,225	-
Administrative expenses	6,443	177,929
	<u>12,644,718</u>	<u>921,164</u>
Total Deductions	<u>12,644,718</u>	<u>921,164</u>
Net Increase (Decrease)	(12,557,458)	1,827,354
Net Assets Available for Benefits:		
Beginning of Year	<u>12,557,458</u>	<u>10,730,104</u>
End of Year	<u>\$ -</u>	<u>\$ 12,557,458</u>

See accompanying notes to the financial statements.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
STATEMENTS OF ACCUMULATED PLAN BENEFITS IN LIQUIDATION
December 31, 2023 and September 30, 2023

	<u>December 31, 2023</u>	<u>September 30, 2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ 7,161,042
Other vested participants	<u>-</u>	<u>5,375,197</u>
	<u>-</u>	<u>12,536,239</u>
Non-vested benefits:		
Active participants	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ -</u></u>	<u><u>\$ 12,536,239</u></u>

See accompanying notes to the financial statements.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS IN LIQUIDATION
For the Period October 1, 2023 Through December 31, 2023 and
For the Year Ended September 30, 2023

	October 1, 2023 Through <u>December 31, 2023</u>	October 1, 2022 Through <u>September 30, 2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 12,536,239	\$ 13,418,410
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains and losses	(21,235)	(749,378)
Decrease in discount period	119,046	610,442
Benefits paid	<u>(12,634,050)</u>	<u>(743,235)</u>
Net Decrease	<u>(12,536,239)</u>	<u>(882,171)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ -</u>	<u>\$ 12,536,239</u>

See accompanying notes to the financial statements.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 1 – Description of Plan

The following description of the Arrow Gear Company Pension Plan for IAM Employees (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit plan providing retirement, disability, and death benefits to all eligible employees. The Plan sponsor is Arrow Gear LLC, formerly Arrow Gear Company, (the “Company”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan covers all eligible union employees of the Company. Employees are eligible to participate in the Plan upon completion of six months of continuous service if employed full-time or who have completed 1,000 hours within a twelve-month period if not employed full-time. The Plan was frozen effective February 12, 2018. As such, no new employee or former employee may enter the Plan, and no additional benefits shall accrue after this date. The Plan is administered by the Plan administrator, who has overall responsibility for the operation and administration of the Plan. The Plan administrator determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Company’s Board of Directors.

On April 17, 2023, the Company resolved to terminate the Plan effective July 31, 2023. The affected participant’s accrued benefits under the Plan became 100% vested as of July 31, 2023. On July 21, 2023, the Company filed Form 500, Standard Termination Notice Single-Employer Plan Termination with the Pension Benefit Guaranty Corporation (PBGC). During November 2023, the Company began the process of liquidating the Plan and transferred assets totaling \$5,472,000 to Western-Southern Life Assurance Company for the purchase of annuity contracts on behalf of participants who did not request their benefits as a lump sum payment directly to them or as a rollover to another qualified plan. During December 2023, assets totaling \$1,189,355 were rolled over to participants’ 401(k) accounts in the Arrow Gear Incentive Savings Plan and \$5,654,462 was paid directly to participants as a lump sum payment. The remaining assets totaling \$4,225 resulting from an overfunding reverted back to the Plan sponsor.

Participants’ Accounts

Under the Plan provisions, participants’ hypothetical accounts are credited with the participant’s monthly accrued benefit. Participants earn benefits at a rate of up to \$27 per month (based on the rate in effect at the time of the participant’s separation from service) for each year of accrued service. Participants do not contribute to the Plan.

Funding Policy

The Plan’s funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the period October 1, 2023 through December 31, 2023, and during the year ended September 30, 2023, the Company made contributions totaling \$0 and \$1,805,170, respectively. The Company’s contributions met the minimum funding requirements of ERISA for the period October 1, 2023 through December 31, 2023, and for the year ended September 30, 2023.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. The Plan was terminated effective July 31, 2023. All participants became 100% vested on that date.

Pension Benefits

Benefits are determined based on the participant’s monthly accrued benefit amount credited to their hypothetical account. Plan participants are eligible for their Plan benefit upon attainment of the normal retirement age (age 65) with vested rights. Prior to Plan termination, participants became 100% vested in the Plan upon completion of 5 or more years of service or attainment of the normal retirement age. If employees terminated before rendering 5 years of service, they forfeited the right to receive the portion of their accumulated plan benefits attributable to the Company’s contributions.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 1 – Description of Plan (continued)

Pension Benefits (continued)

All participants became 100% vested on July 31, 2023. Upon retirement, participants have the option of receiving their vested benefit in the form of a) straight life annuity; b) a single life annuity with a certain period of 5 years (Normal Form); and c) survivorship life annuities with percentages of 50%, 66 2/3%, 75% or 100%. Participants who terminate employment prior to retirement or death will be entitled to their deferred vested benefit under the Normal Form, which may begin upon attainment of retirement age. If the present value of the participant's accrued benefit is greater than \$1,000 but not more than \$7,000, the participant may also elect to receive a one-time single sum payment in lieu of all other benefits under the Plan. The amount payable under any optional form other than the Normal Form shall be the actuarial equivalent of the benefit that would otherwise be payable to the participant under the Normal Form on his normal retirement date. Participants may elect to defer payment of their benefit until a later date. Participants who elect to defer payment of their retirement benefits at a date later than their normal retirement date shall have their accrued benefit equal to the greater of i) their accrued benefit on their late retirement date or ii) their accrued benefit on his normal retirement date multiplied by a factor corresponding to the number of years after normal retirement age. Participants who elect to start receiving their retirement benefits upon reaching early retirement age (age 50 and have completed 5 years of service) shall receive the actuarial equivalent of their accrued benefit on such date.

Death and Disability Benefits

If an active employee dies before their annuity starting date, a death benefit equal to the amount the participant would have received at their normal retirement date is paid to the employee's beneficiary provided the employee had completed 20 or more years of vesting service or had attained age 50 and completed 5 or more years of vesting service. Active employees who become totally disabled receive annual disability benefits that are equal to the actuarial equivalent of their accrued benefit as of the time they become disabled.

Recent Regulatory Event

On December 29, 2022, the Setting Every Community Up for Retirement Enhancement (SECURE) 2.0 Act of 2022 was signed into law as part of the Consolidated Appropriations Act of 2023. The SECURE 2.0 Act of 2022 builds on the SECURE Act of 2019 which revised existing rules around retirement saving. The SECURE 2.0 Act of 2022 contains dozens of new retirement-related provisions intended to expand and increase retirement savings and to simplify and clarify many complex existing retirement plan rules.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

As a result of the Plan termination, the Plan changed its basis of accounting from the going concern basis of accounting to the liquidation basis of accounting in presenting the financial statements for the period October 1, 2023 through December 31, 2023, and for the year ended September 30, 2023.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by investment advisers and trustee. See Note 5 for discussion 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Subsequent Events

Plan management has evaluated subsequent events through the date of the report, which is the date the financial statements were available to be issued.

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' credited benefit service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances-retirement, death, disability, and termination of employment-are included, to the extent they are deemed attributable to employee service rendered through February 12, 2018 (effective date the Plan was frozen, and benefits ceased to accrue).

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation of the present value of accumulated plan benefits for the period October 1, 2023 through December 31, 2023, reflects the Plan termination effective July 31, 2023, which includes lump sum payments and annuity purchase from an insurance company. The Plan's assets were fully distributed as of December 31, 2023. For purpose of calculating the lump sum payments, the following assumptions were used: (a) life expectancy of participants using the 2023 IRS Applicable mortality table (pre and post-retirement) and b) the interest rates used to discount the obligation were based on the October 2022 IRS rates of 5.10%, 5.83% and 5.68%.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 3 – Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation of the present value of accumulated plan benefits as of October 1, 2023 (prior to final distributions of plan assets), were: (a) life expectancy of participants using the 2023 IRS Applicable mortality table (pre and post-retirement), (b) retirement age assumptions (the assumed average retirement age was 65), (c) assumed form of payment (the assumed form of payment was life annuity with 5 year certain) and (d) investment return. The interest rates used to discount the obligation were based on the October 2022 IRS rates of 5.10%, 5.83% and 5.68%. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuations been performed as of September 30, 2023 and December 31, 2023, there would be no material differences.

Note 4 – Plan Termination

Upon Plan termination (see Note 1), the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits upon Plan termination depends on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC. Participants' vested benefits were fully distributed as of December 31, 2023.

Note 5 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 5 – Fair Value Measurements (continued)

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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and September 30, 2023.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Preferred Deposit Variable Note: A bank deposit product valued using prices received from the Institutional Deposits Corporation which utilize observable inputs and are classified as level 2.

Money market fund: Valued at cost, which approximates fair value.

Corporate and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Exchange traded funds: Valued at the closing price reported on the active market on which these funds are traded. Exchange traded funds held by the Plan are registered with the U.S. Securities and Exchange Commission (SEC). These funds trade throughout the day at fair value, like common stock, and must calculate net asset value (NAV) daily, like mutual funds.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash equivalent liquidity funds: Valued using prices received from pricing vendors utilizing observable inputs. These funds invest at least 99.5% of total assets in cash, U.S. Treasury bills, notes and other obligations issued or guaranteed as to principal and interest by the U.S. Government, its agencies, or instrumentalities, and repurchase agreements secured by such obligations or cash.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 5 – Fair Value Measurements (continued)

The following table sets forth the Plan's assets at fair value as of September 30, 2023. There were no assets held by the Plan as of December 31, 2023.

	Assets at Fair Value as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
U.S. government security	\$ 3,198,592	\$ -	\$ -	\$ 3,198,592
Preferred deposit variable note	-	2,519,047	-	2,519,047
Money market fund	2,582,263	-	-	2,582,263
Cash equivalent liquidity funds	2,645,591	-	-	2,645,591
Investments at fair value	\$ 8,426,446	\$ 2,519,047	\$ -	\$ 10,945,493

Note 6 – Related Party Transactions and Party-In-Interest Transactions

The Plan uses various other third-party service providers who provide certain administrative and investment related services to the Plan pursuant to service agreements. Expenses paid by the Plan to these service providers are netted against investment earnings if paid through revenue sharing arrangements or included in administrative expenses if paid directly. During the period October 1, 2023 through December 31, 2023 and the year ended September 30, 2023, the Plan made direct payments totaling \$6,443 and \$177,929, respectively. These transactions qualify as exempt party-in-interest transactions.

Note 7 – Tax Status

The Plan obtained its latest determination letter on December 26, 2012, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Trustee Certification

Certain information disclosed in the accompanying financial statements related to investments held at December 31, 2023 and September 30, 2023, and net appreciation in fair value of investments, interest and dividends for the period October 1, 2023 through December 31, 2023 and for the year ended September 30, 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
For the Period October 1, 2023 through December 31, 2023 and
Year Ended September 30, 2023

Note 10 – Compliance Matter

The Company maintains another pension plan, the Arrow Gear Pension Plan for Salaried Employees (the “Salaried Plan”). The Salaried Plan covers all eligible non-union employees of the Company that are not covered by this Plan. Certain participants accrued benefits under both plans due to changes in their employment classification during their tenure with the Company. During 2022 and 2021, it was identified that certain payments made to a participant entitled to receive benefits under both pension plans, were all made from this Plan. During the Plan year ended September 30, 2023, the Company reconciled the amounts paid to the participant from this Plan related to benefits accrued under the Salaried Plan and reimbursed the Plan from the Salaried Plan. The reimbursement to the Plan is included in benefit payments as a reversal of prior year’s payments on the statements of net assets available for benefits for the Plan year ended September 30, 2023, and is immaterial to the financial statements as a whole.

SUPPLEMENTAL INFORMATION

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 36-2343766

PLAN NUMBER 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS IN LIQUIDATION

For the Period October 1, 2023 Through December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single Transactions within the Plan Year in Excess of 5%</u>								
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	\$ 3,200,000	\$ -	\$ -	\$ -	\$ 3,200,000	\$ 3,200,000	\$ -
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	2,736,000	-	-	-	2,736,000	2,736,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	5,472,000	-	-	-	5,472,000	5,472,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	1,588,711	-	-	-	1,588,711	1,588,711	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	2,901,862	-	-	-	2,901,862	2,901,862	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	5,385,861	-	-	-	5,385,861	5,385,861	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	1,368,000	-	-	1,368,000	1,368,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	2,736,000	-	-	2,736,000	2,736,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	5,472,000	-	-	5,472,000	5,472,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	1,813,181	-	-	1,813,181	1,813,181	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	2,901,862	-	-	2,901,862	2,901,862	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	6,843,817	-	-	6,843,817	6,843,817	-
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	1,368,000	-	-	1,367,988	1,368,000	12
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	1,242,195	-	-	1,241,936	1,241,947	259
Bank Of America, N.A.	Federated Hermes Instl Prm Val Obligtn Fd Cl IS	-	1,368,000	-	-	1,367,863	1,367,863	137
Bank Of America, N.A.	Federated Hermes Instl Prm Val Obligtn Fd Cl IS	-	1,240,842	-	-	1,240,472	1,240,472	370
Bank Of America, N.A.	U.S. Treasury Bill 0% Due 10/5/23	-	3,200,000	-	-	3,124,795	3,198,592	75,205
Bank Of America, N.A.	Preferred Deposit	-	1,368,000	-	-	1,368,000	1,368,000	-
Bank Of America, N.A.	Preferred Deposit	-	1,087,951	-	-	1,087,951	1,087,951	-

See independent auditors' report.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
 EMPLOYER IDENTIFICATION NUMBER 36-2343766
 PLAN NUMBER 002
 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS IN LIQUIDATION
 For the Period October 1, 2023 Through December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Transactions within the Plan Year in Excess of 5%</u>								
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	\$21,519,083	\$ -	\$ -	\$ -	\$21,519,083	\$21,519,083	\$ -
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	21,582,411	-	-	21,582,411	21,582,411	-
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	2,610,195	-	-	2,609,924	2,609,947	271
Bank Of America, N.A.	Federated Hermes Instl Prm Val Obligtn Fd CI IS	-	2,608,842	-	-	2,608,335	2,608,842	507
Bank Of America, N.A.	U.S. Treasury Bill 0% Due 10/5/23	-	3,200,000	-	-	3,124,795	3,198,592	75,205
Bank Of America, N.A.	Preferred Deposit	-	2,519,047	-	-	2,519,047	2,519,047	-

See independent auditors' report.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 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)

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

<p>1a Name of plan ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES</p>	<p>1b Three-digit plan number (PN) ▶ 002</p>
<p>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) ARROW GEAR LLC 2301 CURTISS STREET DOWNERS GROVE IL 60515</p>	<p>1c Effective date of plan 10/01/1964</p> <p>2b Employer Identification Number (EIN) 36-2343766</p> <p>2c Plan Sponsor's telephone number 630-969-7640</p> <p>2d Business code (see instructions) 332900</p>

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

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

SIGN HERE		10/8/24	ATTILA MOZSOLITS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/8/24	ATTILA MOZSOLITS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	268
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)	78
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
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:
1B 1I 1H

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES
 EMPLOYER IDENTIFICATION NUMBER 36-2343766
 PLAN NUMBER 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS IN LIQUIDATION

For the Period October 1, 2023 Through December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single Transactions within the Plan Year in Excess of 5%</u>								
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	\$ 3,200,000	\$ -	\$ -	\$ -	\$ 3,200,000	\$ 3,200,000	\$ -
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	2,736,000	-	-	-	2,736,000	2,736,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	5,472,000	-	-	-	5,472,000	5,472,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	1,588,711	-	-	-	1,588,711	1,588,711	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	2,901,862	-	-	-	2,901,862	2,901,862	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	5,385,861	-	-	-	5,385,861	5,385,861	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	1,368,000	-	-	1,368,000	1,368,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	2,736,000	-	-	2,736,000	2,736,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	5,472,000	-	-	5,472,000	5,472,000	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	1,813,181	-	-	1,813,181	1,813,181	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	2,901,862	-	-	2,901,862	2,901,862	-
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	6,843,817	-	-	6,843,817	6,843,817	-
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	1,368,000	-	-	1,367,988	1,368,000	12
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	1,242,195	-	-	1,241,936	1,241,947	259
Bank Of America, N.A.	Federated Hermes Instl Prm Val Oblighn Fd Cl IS	-	1,368,000	-	-	1,367,863	1,367,863	137
Bank Of America, N.A.	Federated Hermes Instl Prm Val Oblighn Fd Cl IS	-	1,240,842	-	-	1,240,472	1,240,472	370
Bank Of America, N.A.	U.S. Treasury Bill 0% Due 10/5/23	-	3,200,000	-	-	3,124,795	3,198,592	75,205
Bank Of America, N.A.	Preferred Deposit	-	1,368,000	-	-	1,368,000	1,368,000	-
Bank Of America, N.A.	Preferred Deposit	-	1,087,951	-	-	1,087,951	1,087,951	-

See independent auditors' report.

ARROW GEAR COMPANY PENSION PLAN FOR IAM EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 36-2343766

PLAN NUMBER 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS IN LIQUIDATION

For the Period October 1, 2023 Through December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Series of Transactions within the Plan Year in Excess of 5%</u>								
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	\$21,519,083	\$ -	\$ -	\$ -	\$21,519,083	\$21,519,083	\$ -
Bank Of America, N.A.	Blackrock Liquidity Funds FedFund Cash Reserve	-	21,582,411	-	-	21,582,411	21,582,411	-
Bank Of America, N.A.	Blackrock Liquidity Funds Tempcash	-	2,610,195	-	-	2,609,924	2,609,947	271
Bank Of America, N.A.	Federated Hermes Instl Prm Val Oblightn Fd Cl IS	-	2,608,842	-	-	2,608,335	2,608,842	507
Bank Of America, N.A.	U.S. Treasury Bill 0% Due 10/5/23	-	3,200,000	-	-	3,124,795	3,198,592	75,205
Bank Of America, N.A.	Preferred Deposit	-	2,519,047	-	-	2,519,047	2,519,047	-