

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ARROW SHED, LLC HOURLY EMPLOYEES' PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>12/07/1992</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARROW SHED, LLC</u> <u>150 CALLENDER ROAD</u> <u>WATERTOWN, CT 06795</u>		2b Employer Identification Number (EIN) <u>27-1885904</u>
		2c Sponsor's telephone number <u>973-406-3229</u>
		2d Business code (see instructions) <u>332900</u>
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
5a Total number of participants at the beginning of the plan year	5a	<u>34</u>
b Total number of participants at the end of the plan year.....	5b	<u>33</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	<u>5</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2)	<u>0</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	<u>0</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/10/2025</u>	<u>JOANN TREZZA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 54547. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4144103	4400733
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4144103	4400733
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	103526	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	501833	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		605359
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	291541	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	36219	
g Other expenses	8g	20969	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		348729
i Net income (loss) (subtract line 8h from line 8c)	8i		256630
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		1308
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ARROW SHED, LLC HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARROW SHED, LLC</u>	D Employer Identification Number (EIN) <u>27-1885904</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>4139197</u>
	b Actuarial value	2b	<u>4435412</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>3271514</u>
	b For terminated vested participants	<u>5</u>	<u>343129</u>
	c For active participants	<u>5</u>	<u>1076543</u>
	d Total	<u>34</u>	<u>4691186</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>36205</u>
	b Expected plan-related expenses	6b	<u>40000</u>
	c Target normal cost	6c	<u>76205</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>TIMOTHY W. HEDLUND</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>4220 DUNCAN AVE SUITE 401</u> <u>ST. LOUIS, MO 63110</u> Address of the firm	<u>08/27/2025</u> Date <u>23-04791</u> Most recent enrollment number <u>636-544-4150</u> Telephone number (including area code)
---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.19</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.54 %
15	Adjusted funding target attainment percentage	15	94.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/14/2024	31113	0					
06/13/2024	31113	0					
09/13/2024	17000	0					
12/12/2024	17000	0					
08/14/2025	7300	0					
			Totals ▶	18(b)	103526	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	100134

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 76205
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	255774		23880	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 100085
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 100085
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 100134
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 49
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
 Arrow Shed, LLC Hourly Employees' Pension Plan
 EIN: 27-1885904 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of December 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44							1			
45-49							1			
50-54										
55-59								1		
60-64										
65-69								1	1	
70+										

N-5

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor based on American Rescue Plan Act of 2021
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.43%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3% per year.
Social Security COLA Increases	2.50%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year 5.25%

2022 Plan Year 5.75%

2023 Plan Year 5.25%

Trust Expenses Included in Target Normal Cost \$ 40,000

Actuarial Method Standard unit credit cost method

Valuation Date December 1, 2023

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
62	25.00%
63	15.00%
64	15.00%
65	50.00%
66+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
 Arrow Shed, LLC Hourly Employees' Pension Plan
 EIN: 27-1885904 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	0.000%	0.000%	45	6.354%	7.754%
16	0.000%	0.000%	46	6.005%	7.515%
17	0.000%	0.000%	47	5.623%	7.256%
18	0.000%	0.000%	48	5.200%	6.976%
19	9.938%	9.938%	49	4.734%	6.676%
20	9.938%	9.938%	50	4.225%	6.354%
21	9.890%	9.938%	51	3.682%	6.005%
22	9.840%	9.938%	52	3.123%	5.623%
23	9.788%	9.938%	53	2.566%	5.200%
24	9.733%	9.938%	54	2.035%	4.734%
25	9.674%	9.938%	55	1.549%	4.225%
26	9.611%	9.890%	56	1.125%	3.682%
27	9.544%	9.840%	57	0.772%	3.123%
28	9.470%	9.788%	58	0.494%	2.566%
29	9.391%	9.733%	59	0.288%	2.035%
30	9.303%	9.674%	60	0.147%	1.549%
31	9.207%	9.611%	61	0.059%	1.125%
32	9.100%	9.544%	62	0.015%	0.772%
33	8.982%	9.470%	63	0.000%	0.494%
34	8.851%	9.391%	64+	0.000%	0.288%
35	8.706%	9.303%			
36	8.547%	9.207%			
37	8.372%	9.100%			
38	8.182%	8.982%			
39	7.976%	8.851%			
40	7.754%	8.706%			
41	7.515%	8.547%			
42	7.256%	8.372%			
43	6.976%	8.182%			
44	6.676%	7.976%			

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
 Arrow Shed, LLC Hourly Employees' Pension Plan
 EIN: 27-1885904 PN: 001

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.000%	45	0.198%
16	0.000%	46	0.221%
17	0.000%	47	0.249%
18	0.000%	48	0.281%
19	0.000%	49	0.315%
20	0.104%	50	0.357%
21	0.106%	51	0.405%
22	0.107%	52	0.463%
23	0.109%	53	0.523%
24	0.100%	54	0.593%
25	0.112%	55	0.681%
26	0.113%	56	0.791%
27	0.115%	57	0.930%
28	0.116%	58	1.110%
29	0.118%	59	1.260%
30	0.119%	60	1.380%
31	0.121%	61	1.471%
32	0.122%	62	1.542%
33	0.124%	63	1.598%
34	0.126%	64	1.640%
35	0.128%	65+	0.000%
36	0.130%		
37	0.133%		
38	0.137%		
39	0.142%		
40	0.147%		
41	0.153%		
42	0.159%		
43	0.169%		
44	0.183%		

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

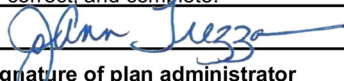
D If the plan is a collectively-bargained plan, check here.....▶

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

Part II Basic Plan Information—enter all requested information

1a Name of plan ARROW SHED, LLC HOURLY EMPLOYEES' PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ARROW SHED, LLC 150 CALLENDER ROAD WATERTOWN CT 06795	1c Effective date of plan 12/07/1992
	2b Employer Identification Number (EIN) 27-1885904
	2c Sponsor's telephone number 973-406-3229
	2d Business code (see instructions) 332900
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
5a Total number of participants at the beginning of the plan year.....	5a 34
b Total number of participants at the end of the plan year.....	5b 33
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c(2)
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 5
d(2) Total number of active participants at the end of the plan year.....	5d(2) 0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		9/10/25	JOANN TREZZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ARROW SHED, LLC HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARROW SHED, LLC	D Employer Identification Number (EIN) 27-1885904
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I		Basic Information		
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>			
2	Assets:			
	a Market value.....	2a		4,139,197
	b Actuarial value.....	2b		4,435,412
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	24	3,271,514	3,271,514
	b For terminated vested participants.....	5	343,129	343,129
	c For active participants.....	5	1,076,543	1,076,543
	d Total.....	34	4,691,186	4,691,186
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions.....		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5	Effective interest rate.....		5	5.18%
6	Target normal cost			
	a Present value of current plan year accruals.....		6a	36,205
	b Expected plan-related expenses.....		6b	40,000
	c Target normal cost.....		6c	76,205

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	TIMOTHY W. HEDLUND Signature of actuary	<u>08/27/2025</u> Date <u>2304791</u> Most recent enrollment number <u>636-544-4150</u> Telephone number (including area code)
	<u>TIMOTHY W. HEDLUND</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>4220 Duncan Ave Suite 401</u> <u>ST. LOUIS MO 63110</u> Address of the firm	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	76,205
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	255,774	23,880
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	100,085
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	100,085
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	100,134

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	49
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
 Arrow Shed, LLC Hourly Employees' Pension Plan
 EIN: 27-1885904 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 12/1/2023 at 5.18%	Interest Adjusted Contribution
March 14, 2024	\$ 31,113	104	\$ 30,670
June 13, 2024	31,113	195	30,287
September 13, 2024	17,000	287	16,340
December 12, 2024	17,000	377	16,138
August 14, 2025	<u>7,300</u>	622	<u>6,699</u>
Total Contribution	\$ 103,526		\$ 100,134

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
 Arrow Shed, LLC Hourly Employees' Pension Plan
 EIN: 27-1885904 PN: 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
62	25.00%	1.0000	15.50
63	15.00%	0.7500	7.09
64	15.00%	0.6375	6.12
65	50.00%	0.5419	17.61
66	100.00%	0.2709	17.88
67	100.00%	0.0000	0.00
68	100.00%	0.0000	0.00
		Weighted Average	64.20

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	December 7, 1992
Plan Year	December 1 to November 30
Employer Fiscal Year	January 1 to December 31
Employer ID Number	27-1885904
Plan Administrator's ID Number	27-1885904
Plan Number	001
Plan Type	Defined Benefit Pension Plan
Plan Administrator	Administrative Committee

Contributions

Employees contribute the lesser of (a) 2% of monthly "pay" up to \$350 plus 4% of pay above \$350 or (b) \$1.25 for each \$10 of projected annual retirement income. If employee has not attained age 45 as of the date contributions begin, contributions are reduced.

Effective December 1, 1994, each employee, who is not subject to the terms of a collective bargaining agreement, contributes 1.5% of "pay" up to \$15,000 plus 3% of "pay" over \$15,000.

Effective January 1, 2006, employees no longer contribute.

"Pay" for purposes of determining a plan year's employee contributions is the basic rate of pay (limited to the IRC compensation maximum) on December 1 for the plan year. Monthly "pay" for purposes of determining employee contributions is the annual equivalent of the basic rate of pay (limited to the IRC compensation maximum) on December 1 divided by 12.

Employee contributions were credited with a 5% rate of interest before December 1, 1981 and 6% interest from December 1, 1981 through November 30, 1988. After November 30, 1988, interest is credited for each plan year at a rate determined by Federal regulations and set on the first day of each plan year. Contributions and interest credited on contributions continue beyond normal retirement date until employment ends.

An employee may withdraw his contributions at any time prior to retirement, disability, or termination of

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

employment, and may repay the full amount withdrawn, plus interest. Upon repayment, full benefits are restored and adjusted for the non-contributory period.

Eligibility

Eligibility to Participate

Enrollment each December 1.

- (1) All employees 20½ years old with six months of service; must receive pay for 1,000 hours during year; must authorize required payroll deductions. Effective January 1, 2006, payroll deductions are no longer required and no new hires may enter the plan.
- (2) Collective bargaining unit employees are excluded unless their collective bargaining agreement provides for plan participation.

Eligibility for Retirement

Normal Retirement

The first of the month coincident with or next following the date a participant attains age 65.

Early Retirement

Attainment of age 55 and completion of 10 years of service.

Disability Retirement

The member must be eligible for Social Security disability benefits.

Late Retirement

With the attainment of normal retirement age, the first day of the month next following retirement.

Normal Retirement Pension

2.25% of average pay plus 0.65% of such pay above employee's Social Security covered compensation level, multiplied by his credited service to normal retirement date up to a maximum of 20 years.

Minimum Benefit

\$240 per year.

Average Pay

The highest average of the basic rate of pay (as of December 1) over any five consecutive December 1's within the 10 December 1's prior to normal retirement date.

Service

All employment.

Credited Service

Employment before December 1, 1981, in accordance with the plan then in effect, plus all employment thereafter, excluding (a) employment while excluded under Section A.2., (b) employment prior to or during which the employee elected not to contribute or (c) employment with respect to which the employee withdrew contributions unless the employee already

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

completed four years of credited service as of the date of withdrawal or repaid contributions with interest.

Credited service also includes the period of employment prior to the date the employee first contributed to plan provided the employee contributed when first eligible.

This accrued benefit is not to be less than the value of the accrued benefit as of November 30, 1994.

Early Retirement Pension

100% of accrued pension benefit. The benefit is determined under the same formula as for normal retirement, reduced $\frac{2}{3}$ of 1% per month for the first 36 months and $\frac{1}{3}$ of 1% per month for the next 84 months by which the commencement date precedes the normal retirement date.

Disability Pension

The 100% of the accrued benefit commencing at the participant's normal retirement date. Participant may elect earlier commencement in accordance with the early retirement provisions.

Late Retirement Pension

The benefit is determined under the same formula as for normal retirement, based on credited service and average pay at actual retirement or, if greater, benefit at normal retirement, increased 8% for each year retirement is postponed.

Loans

With Committee approval, a member may take out a loan up to the lesser of (i) \$50,000 reduced by any outstanding loan balance, (ii) 50% of the member's vested accrued benefit, or (iii) the accumulated employee contributions. The loan is subject to an interest charge at an annual rate equal to the prime rate as of the 6/1 or 12/1 preceding the date of the loan, plus two points. The maximum period of repayment for loans taken after January 1, 1993 is five years for a non-residential loan, and 15 years for a residential loan.

Forms of Payment

Normal Form

Single Employee

Lifetime income guaranteed for 10 years.

Married Employee

An actuarially reduced 50% qualified joint and survivor annuity (QJSA).

Optional Forms

Joint and 50% or 100% survivor, life only or 15 year certain and continuous.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Termination of Employment

The accrued benefit is determined under the same formula as determined for normal retirement, by projecting service to normal retirement, then prorating the resulting benefit by service to date of termination over projected service to normal retirement. Vesting based on service: 30% after three years, 40% after four years, 20% each additional year to 100% after seven years.

Death Benefits Prior to Commencement

Once vested, a 50% survivor death benefit is provided for the spouse of a married member, payable on the date the member would have been eligible for early or normal retirement. When eligible for normal retirement, an active member may elect a 100% survivor or 15 year certain death benefit.

The minimum benefit equals the benefit provided by the member's contributions plus interest at all times.

Benefit Distribution

Lump sum payment if total benefit value is \$5,000 or less. If more than \$5,000, as follows:

Member may elect to have the value of his accumulated contributions account paid in a lump sum or combined with the value of his company contributions for payment in an annuity form.

Retirement

If the value of a member's benefit attributable to company contributions is \$5,000 or less, the member may elect to have the total value of his retirement income paid in a lump sum. In the absence of a lump sum election, or if the value of the member's benefit attributable to company contributions is more than \$5,000, retirement income will be payable through the purchase of an annuity or directly from the trust fund.

Termination Before Retirement

Lump sum distribution is permitted if the benefit value attributable to company contributions is \$5,000 or less. If such value is more than \$5,000, an immediate annuity or annuity deferred to age 65 is payable. Earlier income commencement of a deferred annuity with a reduced benefit after age 55 is available if the member has attained 10 years of service at termination. The member may defer commencement to age 70½.

Death

Income payable to the spouse commencing on the date the member would have been eligible for early retirement. The spouse may defer payments to the date the member would have attained age 70½.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Plan Amendments

On January 1, 2000, benefits for salaried employees were frozen and subsequently transferred to a newly established pension plan for salaried employees. The salaried employees' pension plan was terminated effective April 1, 2001. Concurrent with the salaried plan termination, an annuity contract was purchased from the principal to cover hourly employees' accrued benefits as of April 1, 2001. On November 1, 2001, the plan was amended to increase benefits for the hourly employees. On January 1, 2006, the plan was amended to discontinue employee contributions and cease participation for future new hires.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Arrow Shed, LLC Hourly Employees' Pension Plan
EIN: 27-1885904 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 102,726	December 1, 2022	14	\$ 9,864
Shortfall	\$ 153,048	December 1, 2023	15	\$ 14,016