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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance w	ith the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or fi	scal plan year beginning 07/01/	2012		and ending (6/30/2	2013	
	turn/report is for:	a single-employer plan			an (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report	H	I return/report				
		an amended return/report	a short p	olan year returr	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automa	tic extension			DFVC progra	am
		special extension (enter descr	ription)					
Part II	Basic Plan Info	ermation—enter all requested inf	ormation					
1a Name		•				1b	Three-digit	
	RROW RETIREMENT	PLAN					plan number	
							(PN)	002
						1c	Effective date o	•
0							07/01	
	ponsor's name and ad RROW FABRIC CO.	ldress; include room or suite numbe	er (employer,	, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-55	fication Number 42984
						2c	Sponsor's telep	hone number
PO BOX 50							631-32	9-3422
EAST HAME	PTON, NY 11937					2d	Business code ((see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
							7.0	
		e plan sponsor has changed since	the last retur	n/report filed fo	r this plan, enter the	4b	EIN	
	•	mber from the last return/report.				4.		
	or's name					4c	PN T	
		at the beginning of the plan year				5a		14
		at the end of the plan year				5b		8
		account balances as of the end of t	. ,	`		5c		8
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets	s? (See instruc	tions.)			X Yes No
_	·	f the annual examination and repor	•	•	•			
		? (See instructions on waiver eligib	•					X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use F	orm 5500-SF	and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this returr	n/report will	be assessed	unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc						
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete	is well as the	electronic vers	sion of this return/report	, and	to the best of my	knowledge and
bollot, it is	rae, correct, and com				ı			
SIGN	Filed with authorized	valid electronic signature.	10/3	31/2013	ELLIOTT WALDMAN	POWE	ER OF ATTORN	EY
HERE	Signature of plan a	dministrator	Date	е	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN								
HERE	Signature of emplo	ver/plan sponsor	Date	e	Enter name of individ	ual sic	ıning as emplove	er or plan sponsor
Preparer's		name, if applicable) and address; in				_		number (optional)

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of Y	'ear		_
	Total plan assets	7a	144345				(,		59632	2	_
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	144345	59				596322			
	· · · · · · · · · · · · · · · · · · ·						(h) Total			_
	Contributions received or receivable from:		(u) Amount					, rota			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	98	88							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							98	8	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	36349	13							
е	Certain deemed and/or corrective distributions (see instructions)	8e	38500	0							
f	Administrative service providers (salaries, fees, commissions)	8f	9963	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							84812	25	
	Net income (loss) (subtract line 8h from line 8c)	8i							84713	37	
	Transfers to (from) the plan (see instructions)	8i									
Par	t IV Plan Characteristics	, oj									_
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Code	es in	the inst	ruction	s:		
b		eature cod	es from the List of Plan Chara	cteristi	c Codes	s in t	he instru	uctions	:		_
D	V Campliana Constant										_
Part	<u> </u>			1	v I						_
10		4:			Yes	NO		Am	ount		_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
				10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	"	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Y					
	·			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	·	•		10h		X					
i				10i							
Part	VI Pension Funding Compliance				J.						_
11	Is this a defined benefit plan subject to minimum funding requirem								7 Yes	X No	 o
11a		59,444								_	
12	Is this a defined contribution plan subject to the minimum funding								o		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a		-				_	e date			ıling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				-				
b	Demployers Sa(1) Sa(2) Participants Sa(2) Sa(3) Sa(3)										

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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			
е	Nill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	'es N	10	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			38500
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confirmation of the PBGC?	control		Yes	s X No
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0			
13	c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) PN(s)
Part \	/III Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Troasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to **Public Inspection**

Pension B	enefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 5500-	Sr.	-
Part I	Annual Repo	rt Identification Information				
For calen	lar plan year 2012 or fi	iscal plan year beginning	7/1/2012	and ending		6/30/2013 —
A This re	turn/report is for:	X a single-employer plan	a multiple-emplo	oyer plan (not multiemploye	er)	a one-participant plan
B This re	turn/report is:	the first return/report	the final return/r	eport		
		an amended return/report	a short plan yea	r return/report (less than 1	2 months)	
C Check	box if filing under:	Form 5558	automatic exten	sion		DFVC program
		special extension (enter description	on)			
Part II	Basic Plan In	formation—enter all requested inform	nation		1 10 B	
1a Na	me of plan				1b Three-dig	
Ribbon N	arrow Retirement Pia	an			plan num (PN) ▶	i002
T T T T T T T T T T T T T T T T T T T					<u>, , , , , , , , , , , , , , , , , , , </u>	date of plan
						7/1/1968
2a Pla	n sponsor's name and	address; include room or suite number (e	employer, if for a singl	e-employer plan)		r Identification Number
Dibboo M	assau Fahsia Ca					13-5542984
Kibbon N	arrow Fabric Co.				26 Sponsor 631) 329-342	s telephone number
PO Box 5	059		~ •			code (see instructions)
East Ham		NY 11:	937 🔊 🖎		124300	tode (see institucions)
	administrator's name a		ame Same as	3 *	3b Administ	ator's EIN
				>		
Same					3C Administ	rator's telephone number
040						
4 If ti	e name and/or EIN of	the plan sponsor has changed since the	last return/report filed	for this plan, enter	4b EIN	- · · ·
		an number from the last return/report.				
	onsor's name	its at the beginning of the plan year	V		4c PN 5a	44
		its at the end of the plan year)=	5b	<u>14</u> 8
C Nu	mber of participants wil	th account balances as of the end of the	olan year (defined ber			
cor	nplete this item)	Q \	·		5c	8
6a We	re all of the plan's asse	ets during the plan year invested in eligible	e assets? (See instru	ctions.)		X Yes No
D Are	you claiming a waiver	of the annual examination and report of a	an independent qualif	ied public accountant (IQP	Ά)	
und If v	187 29 CFR 2520.104-4 011 answered "No" to	66? (See instructions on waiver eligibility a either line 6a or line 6b, the plan can	and conditions.) not use Form 5500-9	E and must instead use	Eorm 5500	X Yes No
		late or incomplete filing of this return				olished.
Under per	nalties of perjury and o	ther penalties selforth in the instructions.	I declare that I have	examined this return/repor	t, including, if	applicable, a Schedule
SB or Sch	edule MB completed a	and signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report, a	nd to the best	of my knowledge and
Deller, Lu	true, correct, and com	plete	r			
SIGN	1		10-31-13	Elliott Waldman Power	of Attorney	
HERE	Signature of plan a	dministrator	Date	Enter name of individual	signing as pla	n administrator
-SIGN_			10-31-13	Elliott Waldman Power	of Attorney	
HERE	Signature of emplo		Bate	Enter name of individual	signing as em	ployer or plan sponsor
Preparer	s name (including firm	name, if applicable) and address; include	room of suite number	er (optional)	Preparer's tele	ephone number (optional)
						·

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
а	Total plan assets	7a_		1,443	3,459		596,322
b	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c		1,443	3,459		596,322
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
a	Contributions received or receivable from:						
	(1) Employers	8a(1)			0		
	(2) Participants	8a(2)			0	<u> </u>	
	(3) Others (including rollovers)	8a(3)			0	W.	
<u>b</u>	Other income (loss)	. 8b			988		<u> </u>
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					988
d				_ <			
	to provide benefits)	8d	7	7 Vis	3,493	 	
	Certain deemed and/or corrective distributions (see instructions)	8e			5 <u>,000</u>		
f	Administrative service providers (salaries, fees, commissions)	. 8f	V	<u> </u>	9,63 <u>2</u>	 	· · · · · · · · · · · · · · · · · · ·
<u>g</u>	Other expenses				0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					848,125
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-847,137
بر	Transfers to (from) the plan (see instructions)	8j		<u> </u>			
	rt IV Plan Characteristics		\$ C \$				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan	Characte	ristic (Codes in	the instructions:
b	2E If the plan provides welfare benefits, enter the applicable welfare fe		no from the Viet of Dies C	harastari	otio C		ha instructions.
	in the plant provides welfare benefits, enter the applicable welfare to	ature cou	es from the List of Plan C	naracteri	ISTIC C	odes in t	ne instructions:
Pa	rt V Compliance Questions	-	<u> </u>				
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions wi	ithin the dim	e neriod described	r		110	ranoun
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidûciary	Correction	Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions				
	reported on line 10a.) Was the plan covered by a fidelity bond?	<u></u>		10b		X	·
	Tras the plan covered by a nuclity bond	••••••	*******************************	10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plans fi fraud or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents or other	er persons	hy an insurance	100		 ^ 	
	carrier, insurance service or other organization; that provides some	or all of th	e benefits under	1 1		,	
	the plan? (See instructions.)			10e		X	
	Has the plan failed to provide any benefit when due under the plan	· · · · · · · · · · · · · · · · · · ·		10f		X	
_ <u>g</u>				10g		X	· · · · · · · · · · · · · · · · · · ·
n	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10h		_x	
i	If 10h was answered "Yes, check the box if you either provided the	e required	notice or one of the	1011		 ^ 	
	exceptions to providing the notice applied under 29 CFR 2520.101-	-3		10i			
Pa	rt VI Pension Funding Compliance		-				-
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Y	es," see instructions and	complete	Sche	dule SB	
44.0	3300) and line Tra Delow)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • •	<u>.</u>	······	Yes X No
	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding require			ction 302	of ER	ISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a						
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	a in this plan year, see in Month	struction:	s, and	enter the Day _	e date of the letter ruling Year
If v	you completed line 12a, complete lines 3, 9, and 10 of Schedul		·	-			Todi
	Enter the minimum required contribution for this plan year				\top	426	
	the manner required contribution for this plan year	••••••		****************		12b	

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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.						
negative amount)			12d			<u>_</u>
e Will the minimum funding amount reported on line 12d be me Part VII Plan Terminations and Transfers of Ass				Yes	No_	N/A
a Has a resolution to terminate the plan been adopted in any pl	· · · · · · · · · · · · · · · · · · ·		X	Yes	No	
If "Yes." enter the amount of any plan assets that reverted to			13a	-		385,000
b Were all the plan assets distributed to participants or benefici control of the PBGC?	aries, transferred to another plan, or brou	ght under t	(A		X No
C If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s), identi	ify the plan	(s)40			
13c(1) Name of plan(s):		A	3c(2) E	IN(s)	13c(3) PN(s)_
		4	A STORY	,		
	(f					
Part VIII Trust Information (optional)	<u></u>					
a Name of trust		Daniel V	14b	Trust's Ell	N	
		λ				
		7				
	**					
♦	(C)					
	*					
	~					
Ý						