## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report lo	dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
B This return/report is:									
an amended return/report a short plan year return/report (less than 12 m  C Check box if filing under: an amended return/report a short plan year return/report (less than 12 m  automatic extension					onths)				
					DFVC program				
Dort II	Basis Blan Infor	special extension (enter description	<u></u>						
Part II		mation—enter all requested information	lon		1 h	There are all with			
1a Name	of plan EMICAL CORP. PROFI	T SHADING DI ANI			TD	Three-digit plan number			
AKKOW CH	EIVIICAL CORP. PROFI	1 SHARING PLAN				(PN) ▶	001		
					1c	Effective date o	f plan		
						08/01			
<b>2a</b> Plan sp ARROW CH	oonsor's name and addi	ress; include room or suite number (em DN	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-20	fication Number		
20 DIDED D	LACE				2c	2c Sponsor's telephone number 516-377-7770			
28 RIDER P FREEPORT					2d	2d Business code (see instructions) 325100			
<b>3a</b> Plan a	dministrator's name and	l address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
<b>A</b> 16.45		alan an an an har alan an al airea Harla	- tt	a this also sates the	41.				
		plan sponsor has changed since the lad be from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN			
a Sponsor's name					4c	PN			
5a Total number of participants at the beginning of the plan year				5a		23			
<b>b</b> Total number of participants at the end of the plan year				5b		22			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		20		
	•	during the plan year invested in eligible					X Yes No		
		he annual examination and report of an (See instructions on waiver eligibility an					X Yes No		
		ner line 6a or line 6b, the plan canno					M 165   146		
-		plan, is it covered under the PBGC ins			_		Not determined		
• ii uic p	olari is a defined benefit	plan, is it covered under the i Boo ins	diance program (see	ENIOA 30011011 4021):	□		140t determined		
Caution: A	penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se 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	Filed with authorized/va	alid electronic signature.	07/24/2014	LISA NOVAK					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	dual signing as plan administrator				
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ıal sio	ıning as employe	er or plan sponsor		
Preparer's	name (including firm na					number (optional)			

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Ye.			or.	(b) End of Year					
	Total plan assets						(b) Liiu o	85778	5	
	Total plan liabilities									
				3				85778	5	
							(b) Tot	eal.		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (a) Amount						(6) 10	aı		
	(1) Employers	0.454.4								
	(2) Participants	8a(2)	5803	7						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10736	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						189912	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	304	0						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						304	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						18687	2	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
a				10a		X		<u></u>		
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
						Χ				
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			10c						
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i				10i						
Part										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
112	Enter the unpaid minimum required contribution for current year fr					11a		ш		
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDISA2	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding			oi se	CHUII .	JUZ UI	LNISA!	<u> </u>	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions,	and e	enter th	ne date of the	e letter ru	ıling	
granting the waiver Month Day Year										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46.	ı			
b	Enter the minimum required contribution for this plan year					12b	ĺ			

Page	3 -	1
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С	<b>c</b> Enter the amount contributed by the employer to the plan for this plan year						
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	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?	Y	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No			
С	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):			V(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN				

HTT: LIST NOVAK

Form 5500-SF	Short Form A	nnual Return/Report	of Small Employ	/O.O.	OMB Nos. 1210-01
Ospartment of the Transsiry Internal Revenue Service		Benefit Plan is form is required to be filed under sections 104 and 4065 of the Employ			1210-008
Department of Labor Employee Penelits Security Administrators	Retiromont Income Sec	PUNITY ACLOR 1974 (ERISA) and	sections KOK7/h) and COK9/	(a) of	2013
Pension Bonefit Guaranty Corporation	-)	are untertien Provenine Code (the	codo).	inis Form	is Open to Public Spection
Part I Annual Report I	uchuncation intorm	s in accordance with the inst	ructions to the Form 5500	-SF.	
For colondar plan year 2013 or fis	cal plan year boginning	01/01/2013	and onding	15/25/66	
A This return/report is for;	🗴 a singlo-employor plan		plan (not multiemployer)	12/31/20	
B This return/report is:	the first return/report	the final return/repo		∐ a one-partic	ipant plan
_	an amendod return/rop	ort 🔲 a short plan your ret	um/report (less than 12 mor	nths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC progr	am
D 45	special extension (ente	r description)		☐ =: := h:03;	anı
Part II Basic Plan Information	mation—entor all requos	sled information	<u> </u>	<del>-</del>	
*				1b Throo-digit	
ARROW CHEMICAL COR	P. PROFIT SHARIN	IG PLAN		plan number	
· ·			<del>                                     </del>	(PN) ▶ 1c Effective date of	001
2a Plan spangodt name and add				08/01/200	orpian 1
2a Plan sponsor's name and addr ARROW CHEMICAL COR	OSS; include foom or suite PORATION	number (employer, if for a single	employor plan)	2b Employer Idont	ification Number
			<u> </u>	(EIN) 11-203	
28 RIDER PLACE	İ		1	2c Sponsor's telep (516) 377-	hono number - 7770
FREEPORT			, -		(soo instructions)
3a Plan administrator's name and	address IXISame as Plan :		7 11520	<u> 325</u> 100	
;		akerings regula Taguia az Us	in Sponsor Address 3	3b Administrator's	EIN
			3	C Administrator's	tolephone number
1					
4 If the name and/or FIN of the s					
name, EIN, and the plan numb	ian sponzor has changed s ier from thellast rotum/repo	since the last return/report filed t	or this plan, onter the 4	b EIN	
a Sponsor's namo			4	lc PN	
5a Total number of participants at	the beginning of the plan y	oar			
o rotal number of participants at	the end of the plan year	#   #		b -	23
The introduction participants with acc	count balances as of the Ar	od of the electuation / deal- and the co	efit plans do not		22
		**   F   4   5	5	c	20
6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-452 (s					X Yes No
					X Yos No
	as a new and and week and and the Mi	400 Cannot <b>uso Form 55</b> 00-SF	and muct instead C	EERR	ш ш
C If the plan is a defined benefit p	ian, is it covered under the	PBGC insurance program (see	ERISA section 4021)7	🗌 Yes 🛮 No 📗	Not determined
Caution: A penalty for the late or i	ncomplete filing of this re	eturn/report will be assessed	uniess reasonable cause	is established.	
Under penalties of perjury and other SB or Schedule MB completed and s belief, it is true, correct, and complete					ble, a Schedule
bolief, it is true, correct, and complet	e.	r. A. man da dio dio Challic AC.	sion or this return/report, an	d to the best of my l	knowlodge and
SIGN Shew Burn	tlin	7/5-141	Sherry Berns	1012	
HERE - Signature of plan adm		<u> </u>		rc//	
SIGN . Slew Seco		Date	Enter name of individual s		nistrator
HERE Signature of employer	/Diag sponsor	7//5//7	_ <del></del>	28tein	
Proparer's name (including firm name	e, if applicable) and address	Dato s; include reem or suite number	Enter name of individual s	signing as employer	or plan sponsor
		or ward Hallings	(optionar) Pro	parer's tolophone n	umber (optional)
					j
•			<u> </u>		<u>.</u> .
			}	h.	· :
or Paperwork Reduction Act Notice an	d OMB Control Numbers se	e the instructions for Comp. Sens.	<del> </del>	1.	

Form 5500-SF 2013 130118 Page 2 Part III | Financial Information Plan Assets and Liabilities 1.3 (a) Beginning of Year (b) End of Year Total plan assets ..... 7a 670,913 857,785 Total plan liabilities...... 7b C Net plan assets (subtractiline 7b from line 7a)..... 7c 670,913 857,785 8 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received ortroceivable from: (b) Total (1) Employers .... digna . ane. 8a(1) 24,514 (2) Participants..... 8a(2) 58,037 J., (3) Others (including rollovers)...... 8a(3) b Other income (loss)..... 8b 107,361 14 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c Benefits paid (including direct rollovers and insurance premiums 189,912 to provide benefits) 8đ 3,040 Certain deemed and/or corrective distributions (see instructions)... 80 Administrative service providers (salarios, fees, commissions).....  $V_{\rm BM}$ 100 :764. 8f g Other expenses..... 89 h Total expenses (add lines:8d, 8e, 8f, and 8g) ...... 8h 3.040 Not income (loss) (subtract line 8h from line 8c)..... ŝ) Transfers to (from) the plan (see instructions)...... 186,872 8] may to. Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D 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: Yas No Was there a failure to transmit to the plan any participant contributions within the time period described in Amount 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)..... 10a х Wore there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... х 10b Was the plan covered by a fidelity bond?..... C Х 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud x 10d Wore 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 х 10a Has the plan failed to provide any bonefit when due under the plan? ..... 101 х g Did the plan have any participant loans? (If "Yos," enter amount as of year end.)..... 10g Х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х If 10h was answered "Yos," check the box if you either provided the required notice or one of the 10h exceptions to providing the notice applied under 29 CFR 2520.101-3..... Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🕅 No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA7. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes 🛛 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 if you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Dav

12b

b Enter the minimum required contribution for this plan year.....

<del>-</del>	Form 5500-SF 2013 130118	Page 3 -				
¢	Enter the amount contributed by the	employer to the plan for this plan year	12c			_
đ	Subtract the amount in line 12c from	the amount in line 12b. Enter the result (enter a minus sign to the left of a	128			
0		ortod on line 12d be met by the funding deadline?		Yes	No NA	<del>_</del>
	VII: Plan Terminations and					-
13a	Has a resolution to terminate the plan be	en adopted in any plen year?	.[ ].	es X N	0	_
		assots that reverted to the employer this year	13a	] <del></del>		_
b	Wore all the plan assets distributed to of the PBGC?			☐ Yes ☒ N	— ام	
C	If during this plan year, any assets or which assets or liabilities were transfe	liabilities were transferred from this plan to another plan(s), identify the plan(s)	) to	<del></del> _	11 100 11 11	<u>~</u>
1	3c(1) Namel of plan(s):		13c(2) El	N(s)	13c(3) PN(s)	
			, , <u></u>			
Part	VIII Trust Information (optic	nal)	<del>-</del>		<u> </u>	
14-11			14b Tr	ust's EIN	<u>, , , , , , , , , , , , , , , , , , , </u>	
						_