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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		<u>rt Identification Informatio</u>	າ							
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12/	31/2014					
A This re	turn/report is for:	plan (not multiemployer) (loyer information in accord	_							
	·	a one-participant plan	a foreign plan	•		,				
B This ret	urn/report is	the first return/report	the final return/report							
	·	an amended 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	1	DFVC pro	ogram				
		special extension (enter des	cription)							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation							
1a Name ARROW CH		OFIT SHARING PLAN			1b Three-digit plan numbe (PN) ▶	r 001				
					1c Effective da					
	ponsor's name and a	address; include room or suite num TION	per (employer, if for a sing	le-employer plan)		entification Number 1-2034688				
28 RIDER PI					2c Sponsor's to 516	elephone number 6-377-7770				
FREEPORT,	, NY 11520				2d Business code (see instructions) 325100					
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrator's EIN					
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total	number of participan	ts at the beginning of the plan year			5a	22				
		ts at the end of the plan year			5b	22				
compl	ete this item)	h account balances as of the end o			5c	22				
d(1) Tot	al number of active p	participants at the beginning of the p	olan year		5d(1)	15				
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	14				
		terminated employment during the			5e	C				
		e or incomplete filing of this retu			se is established.					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, molete.								
SIGN Filed with authorized/valid electronic signature. 09/21/2015 LISA NOVAK		LISA NOVAK								
HERE			Enter name of individu	Enter name of individual signing as plan administrator						
SIGN										
HERE	Signature of employer/plan sponsor Date Enter name of individ				ual signing as emp	loyer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (include room or suite num	ber) (optional)	Preparer's teleph	one number (optional)				
Ī										

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the control of the control of the plan cannot with the control of t	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	s No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	∐No ∐ I	Not dete	rmined
Par -					-				
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		000
	Fotal plan assets	7a	8577	85	-			987	898
	Fotal plan liabilities	7b	0577	705				007	000
	Net plan assets (subtract line 7b from line 7a)	7c	8577	00				987	090
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: 1) Employers	8a(1)	237	' 43					
	2) Participants	8a(2)	547	'61					
	3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	516	609					
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						130	113
d	Benefits paid (including direct rollovers and insurance premiums								
	o provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						400	0
	Net income (loss) (subtract line 8h from line 8c)	8i						130	113
Pari	Fransfers to (from) the plan (see instructions) Plan Characteristics	8j							
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fellows V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		'	10b		X			
C	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Ye	s X No
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day		e letter r ⁄ear	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Dopartment of Labor Employee Benefits Security Administration Penalori Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

This Form is Open to Public inspection

	Toerion (stuaranty Corporation	▶ Complete all entries	in accordance with the in	etructions to the C		Public inspection
Part			on	istructions to the Form	5500-SF.	<u> </u>
For cale	ndar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending		···
	return/report is for:	a single-employer plan	☐ з multiple-employe	r plan (not multiemplove	r) (Filers check	31/2014 ing this box must attach a i
		a one-participant plan	a foreign plan	ployer information in acco	ordance with th	e form Instructions)
B This r	oturn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	turn/report (loss than 12	months)	
C Check	k box if filing under:	X Form 5558	automatic extension	n	Πof	VC program
		special extension (enter de:	scription)		-	
Part II	Basic Plan Info	ormation—enter all requested	information			<u> </u>
1a Nam	o of plan	· · · · · · · · · · · · · · · · · · ·			1b Three-	-11-24
ARROW	CHEMICAL CORP	. PROFIT SHARING PL	NA		plan n (PN)	umber 001
22 Di						ve date of plan
ARROW	Sponsor's name and ad CHEMICAL CORP	idress; include room or suite num	bor (employer, if for a singl	e-employer plan)		1./2001 ver identification Number
	SHERICALL CORP	ORMITON			(EIN) 7	1-2034688
20 57	NED DIEGO				2c Spons	or's telephone number
	DER PLACE				2d Busines	377-7/70 ss code (see Instructions)
<u>FREEP(</u> 3a Pl an		nd address XSame as Plan Spor	NY	4 11520	32510	
1 If the	name and/or EIN of the	plan sponsor has changed since nber from the last return/report.	the last roturn/report filed	for this plan, enter the	4b EIN	
a Spo	nsor's name				4c PN	
a Total	number of participants a	at the beginning of the plan year.			5a	, <u> </u>
otai	riumber of participants a	at the end of the plan year	***************************************		5b	
compl	eto this item)	ccount balances as of the end of	the plan year (defined bon	efit plans do not	5c	
- •		aspents at the boghning of the p	ian yoar	***	5d(1)	
d(2) Tot	tal number of active part	ticipants at the end of the plan ye	ar,,,,		5d(2)	<u> </u>
C MARING	ar of participants that ter	minated employment during the	•I		5e	14
OULIVII. A	A PCHAILY for the late of	řípeomplete filles séable saks	- la		<u></u>	0
inder pen: B or Sche elief, it is i	alties of perjury and other edule MB completed and true, correct, and complete	er penalties set forth in the instruct disigned by an enrolled actuary, a pte.	ctions, I declare that I have as well as the electronic ver	examined this return/rep sion of this return/report,	se is establish ort, including, i and to the bes	ned. f applicable, a Schedule st of my knowledge and
IGN ERE	Sherry C	ltro (en	9/21/15	C/2	gernstei.	_
IGN	Signature of plan add	A 1 0	Date	Enter name of individu		
ERE	Signature of employe	strolly	9/21/15		Bernst	
eparer's	name (including firm nar	er/plan sponsor me, if applicable) and address (in	Date clude room or suite numbe	Enter name of Individu	al signing as e	mployer or plan sponsor phone number (optional)
ı						
			•	<u>-</u>		
r Paperwo	ork Reduction Act Notice :	and OMB Control Numbers, see the	Instructions for Form 5500-s	5F.		Form 5500 \$5 (70) 4.

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6a	Were all of the plan's assets during the plan year invested in eligil. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan answered "No" to either line 6a or line 6b, the plan answered "No" to either line 6a.	an indepe.	? (See instructions.)ndent qualified public accou	ntant	(IQPA)				/es
_	The state of the contract of t	IOI USA FO	PM 9900 SE 5000 maios lust					XI Y	res [r
	if the plant is a defined benefit plan, is it covered under the PBGC i	nsurance p	program (see ERISA section	4021)7	Π Y	es 🗆 No 🗀	Not de	termined
_Pa	art III Financial Information		<u> </u>		_		<u> </u>	. vot ue	
7	Plan Assets and Liabilities	T	(a) Posingles of)	·					
_ a	Total plan assets	. 7a	(a) Beginning of Y			_	(b) <u>E</u> nd	of Year	
_ <u>b</u>	Total plan liabilities	7b	<u> </u>	57 <u>,</u> 1	785	_			<u>987,8</u> 9
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			10.5	_			
8	Income, Expenses, and Transfers for this Plan Year	 	(a) Amount	<u>57, 5</u>	/85				<u>987,89</u>
	Contributions received or receivable from: (1) Employers	8a(1)		22.5	-	_	<u>(Б)</u> Т	otal	
_	(2) Participants	8a(2)		23,7		_			
	(3) Others (including rollovers)	8a(3)		5 <u>4,7</u>	(b)	_			
<u>b</u>	Other income (loss)	8b				_			
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		51,6	09	_			
ď	benefits paid (including direct rollovers and insurance premiums	-	<u> </u>		+				130,11
e	to provide benefits).	8d_					_		
Ť	Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>				"-	_	
<u>-</u>	Administrative service providers (salaries, fees, commissions)	8f							
_ <u>y</u>	Other expenses	8g			$\bot \top$			_	_
"	Total expenses (add lines 8d, Se, 8f, and 8g)	8h			\Box			_	_
÷	Net income (loss) (subtract line 8h from line 8c)	81							30,11
		8J							<u> </u>
									_
	if the plan provides pension benefits, onter the applicable pension for 2A 2E 2F 2G 2J 2K 3D	oature cod	es from the List of Plan Cha	racter	istic Co	des	in the instructi	ons:	
	If the plan provides welfare benefits, enter the applicable welfare fet								
		atai a aoge,	s nom the cist of Plan Chare	icteris	tic Coc	les in	the instruction	ńs:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		·4	_
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo.)	ジカロノ (こうとさか)	tion Drogeron	10a	1	×	 ^	mount	
b	on line 10a.)	(Do not inc	clude transactions reported	10ь			-		
С	Was the plan covered by a fidelity bond?				 	_	 		-
đ	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	ب سمار و وازاده	Al-accionation and a second	10c		<u> </u>	┼──	_	_
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	r persons b	y an insurance carrier,	10d	-	X_	 		
.⊬ f	Has the plan falled to provide any benefit when due under the plan?	>	***************************************	10e	⊢⊢	Х	 -	_	
g	Did the plan have any participant loans? (If "Yes," enter amount as o			10f		Х	<u> </u>		
h	If this is an individual account plan, was there a blackout period? (S.	i		10g		Х			
_	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the nation and the second control of the providing the nation and the second control of the providing the nation and the second control of the providing the nation and the second control of the second c			10h		_x			1111
	applied under 29 CFR 2520.101-3	required n 3	otice or one of the	101					
an v	/I Pension Funding Compliance	_				_			
	is this a defined benefit plan subject to minimum funding requirement 5500 and line 11a below)					s SB	(Form	Yes	Ū Na
	enter the unpaid minimum required contribution for current year from	1 Schedule	SB (Form 5500) line 39		4	1-	,	1 63	X No
- _	is this a defined contribution plan subject to the minimum funding rec	quirements	of section 412 of the Code	or soc	tion 30	02 of	ERISA?	Yes	X No
a	f a waiver of the minimum funding standard for a prior year in being	<u>applicable</u>	o.)						
	granting the waiver.		Mont	uons, h	and en	iter th Day	ne date of the Ye		ing
						-			

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If you completed line 12a, complete lines 3, 9, and 10 o	Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan ye	ar	126		
	<u> </u>			
C Enter the amount contributed by the employer to the pla	n for this plan year	12c	_	
Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to the left of a	12a		
e vali tile minimum funding amount reported on line 12d b	e met by the funding deadline?		Yes No	N/A
Fact vir Flan Terminations and Transfers of A	ssets			13//3
13a Has a resolution to terminate the plan been adopted in any	plan year?		es X No	
the amount of any plan assets that reverte	ed to the employer this year	1490	CO [X] 100_	
of the PBGC?	neficiaries, transferred to another plan, or brought under	the control		
C If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instruction)	S10/CPC 1/CCM 1010 D18D to anabhre sine/at :	n(s) to	1 1 1 1 1 1	X No
13c(1) Name of plan(s):		13c(2) EIN	(/e) 42-/2)	ON/->
		100(2)	136(3)	PN(s)
			1	
Part VIII Trust Information (optional)			<u></u>	
14a Name of trust				
- The Francisco of Maria	14b ⊤ru	st's EIN		