#### 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

2018

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D =:									
<b>B</b> This retu	urn/report is	t							
an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC progra	m			
		special extension (enter desc	. ,						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan PAINTING & DECOR	DATING INC CRP			<b>1b</b> Three-digiting plan number				
NEWFORT	FAINTING & DECOR	ATING, INC. OBF			(PN)	002			
					1c Effective of				
20.01					01	01/01/2013			
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer (EIN)	Identification Number 13-2781566			
-	town, state or provir PAINTING & DECOR	nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	<b>2c</b> Sponsor's	telephone number			
NEW ORT	7VIIIVO & B2001	overneo, neo.		-		2-465-9080			
247 WEST 3	5TH STREET 5TH F	L			Zu Business	code (see instructions) 238300			
NEW YORK,	NY 10001					236300			
22 Dian a	dministrator's name	and address V Came as Dian Cae	200		<b>3b</b> Administra	ator's FIN			
<b>Ja</b> Plan a	ummistrator s name :	and address 🛛 Same as Plan Spo	risor.		JD Administra	IIOI S EIN			
					3c Administra	tor's telephone number			
		he plan sponsor or the plan name h			4b EIN				
	an, enter the plan sp or's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN				
C Plan N					-TG 111				
		ts at the beginning of the plan year.			5a	10			
		is at the end of the plan year n account balances as of the end of			5b	11			
		account daiances as of the end of		·	5c				
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	9			
		articipants at the end of the plan ye			5d(2)	9			
P Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	ise is establish	ed.			
Under pena SB or Sche	alties of perjury and or edule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	ve examined this return/rep	oort, including, if	applicable, a Schedule			
SIGN	rue, correct, and cor	nplete.  d/valid electronic signature.	03/19/2019	DAWN FIGUEROA					
HERE					ual cianina ao ala	an administrator			
SICN	Signature of plan	aummistrator	Date	Enter name of individu	uai signing as pla	an administrator			
SIGN HERE	Signature of arres	lovor/plan anoncer	Enter nome of institution	dual signing as employer or plan sponsor					
	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	uai signing as en	ipioyei oi pian sponsor			

Form 5500-SF (2018) Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the					_	. — —			
	d III - Electrical le Company									
	t III Financial Information				1					
	Plan Assets and Liabilities	7a	(a) Beginning o				(b) End of Year			
	Total plan assets	49	94538			661382				
	Total plan liabilities	7b	44	0			0			
	Net plan assets (subtract line 7b from line 7a)	7c		94538	-+		661382			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
_а 	Contributions received or receivable from:  (1) Employers	8a(1)	20	03524						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	17313								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					186211				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	19367								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) 8e									
f	f Administrative service providers (salaries, fees, commissions) 8f									
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					19367				
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i		166844						
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	ic Coc	des in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not i	include transactions							
С	reported on line 10a.)		10b	X	X	50000				
d	, , ,			10c			500000			
	by fraud or dishonesty?	······		10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	10e		X						
f				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)									
i										

Form 5500-SF (2018)	Page <b>3</b> -	1

Part	VI Pension Funding Compliance									
11	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)									
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	<b>a</b> 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									
lf y	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								
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 (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?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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)										

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018			
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ss reasonable cau	se is establishe					
Α	Name of plan NEWPORT PAINTING & DECORATING, INC. CBP	B Three-digit plan number (PN) 002						
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEWPORT PAINTING & DECORATING, INC.	D Employer Identification Number (EIN) 13-2781566						
E	Type of plan: X Single Multiple-A Multiple-B	or year plan size:	100 or fewer	101-	500 More th	an 500		
	Part I Basic Information				<u> </u>			
1	Enter the valuation date: Month 12 Day 31	Year <u>2018</u>						
2	Assets:							
	a Market value			. 2a		457858		
	<b>b</b> Actuarial value			. 2b		457858		
3	Funding target/participant count breakdown	` '	Number of rticipants	` '	sted Funding Target	(3) Total Funding Target		
	<b>a</b> For retired participants and beneficiaries receiving payment		0		0	0		
	<b>b</b> For terminated vested participants		2		2484	2484		
	C For active participants		9		455571			
	<b>d</b> Total		11		458055	458055		
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>b</b> Funding target reflecting at-risk assumptions, but disregarding transition reat-risk status for fewer than five consecutive years and disregarding loading			4b				
5	Effective interest rate					5.65 %		
6	Target normal cost			6		100152		
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, st accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (ta combination, offer my best estimate of anticipated experience under the plan.  SIGN							
	HERE		_		03/11/201	9		
	Signature of actuary				Date			
	CARL SHALIT			17-02414				
Type or print name of actuary  CARL SHALIT & ASSOCIATES  Most recent enrollments of the second e								
3	Firm name 35 CONGRESS STREET, #202 SALEM, MA 01970		Te	elephone	number (includ	ing area code)		
	Address of the firm		_					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the	statute in complet	ing this schedule	e, check	the box and see	• [		

Page 2 -	1
----------	---

Schedule SB (Form 5500) 2018	Page <b>2 -</b> [

P	art II	Begin	ning of Year	Carryov	er and Prefundin	ng Ba	lances						
								(a) Carryover balance (b) Prefunding balance					g balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)											0		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0		
9	Amount i	remaining	g (line 7 minus line	8)						0			0
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of <u>9.50</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								0
	<b>b(1)</b> Into Sch	erest on t nedule SE	the excess, if any, B, using prior year	of line 38a	over line 38b from pri	ior yeaı <u>5.83</u> %	r 5						0
	` '		·	•	edule SB, using prior y								0
					ar to add to prefunding b								0
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bala	ance								0
12	Other red	ductions i	n balances due to	elections	or deemed elections					0			0
					line 10 + line 11d – line					0			0
	art III		ding Percenta			,	l .			ı			
	14 Funding target attainment percentage												
					)							15	109.13%
	Prior yea	r's fundir	ng percentage for	purposes c	of determining whether	r carryo	ver/prefundi	ng balance	es may be used			16	137.69%
17	year's funding requirement									%			
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls							•	
18					ar by employer(s) and								
(1	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer	-	(c) Amount paid b employees	у		a) Date (b) Amount paid by (c) Amount paid by employer(s) employees					
C	2/26/2019	)		203524		0							
							Totals ►	18(b)		20352	4 18(c)		0
19	Discount	ed emplo	yer contributions	- see instr	uctions for small plan	with a v	aluation dat	e after the	beginning of the	e year:			
	<b>a</b> Contri	butions a	llocated toward ur	paid minin	num required contribut	tions fro	om prior yea	rs		19a			0
	<b>b</b> Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date	·				19b			0
	<b>C</b> Contrib	outions all	ocated toward min	mum requi	red contribution for curr	ent yea	r adjusted to	valuation d	ate	19c			201785
20	-		itions and liquidity		e prior year?							П	Yes X No
			_		installments for the cu								Yes No
			·		nplete the following tak			ory 1116					
	J II IIII C	LUCIO II	co, see instruction	is and con	Liquidity shortfall as			f this plan v	/ear				
		(1) 1s	t		(2) 2nd		,		3rd			(4) 4th	

P	art V	Assumpti	ons Used t	o Determine	Funding 1	Target and Tar	get Norma	al Cost			
21	Discount	rate:									
	a Segment rates:         1st segment:         2nd segment:         3rd segme           3.92%         5.52%         6.29									N/A, full yi	eld curve used
<b>b</b> Applicable month (enter code)											0
22	Weighted	d average retir	ement age						22		66
23	Mortality	table(s) (see	instructions)	Prior regulation	n: 🗍	Prescribed - com	bined	Prescribed	l - separat	te Subs	titute
				Current regula	tion:	Prescribed - com	bined	Prescribed	l - separat	te $\Pi$ Subs	titute
Pa	Current regulation: X Prescribed - combined Prescribed - separate Substitute  Part VI Miscellaneous Items										
24	Has a ch	ange been ma	ade in the non-	prescribed actua	rial assumption	ons for the current p	olan year? If	"Yes," see ir	nstruction	s regarding requi	red
		-					-				
25	Has a me	ethod change l	been made for	the current plan	year? If "Yes	s," see instructions	regarding red	quired attach	ment		Yes X No
26	Is the pla	n required to p	provide a Sche	dule of Active Pa	articipants? If	"Yes," see instruct	ions regardin	g required a	ttachmen	t	X Yes No
27				ding rules, enter		de and see instruc	tions regardir	ng	27		
P	art VII	Reconcili	ation of Un	paid Minimu	m Require	ed Contribution	ns For Pri	or Years			
28	Unpaid n	ninimum requi	red contribution	ns for all prior ye	ars				28		0
29					•	m required contribu	•	-	29		0
30	•					28 minus line 29)			30		0
Pa	art VIII	Minimum	Required (	Contribution	For Curre	nt Year			'		
	Part VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):										
									31a		100152
	<b>b</b> Excess	s assets, if app	olicable, but no	t greater than lin	e 31a				31b		0
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Insta	llment
	a Net sh	ortfall amortiza	ation installmer	nt					197		32
	<b>b</b> Waive	r amortization	installment						0		0
33						ne ruling letter gran waived amount			33		
34	Total fun	ding requireme	ent before refle	ecting carryover/	orefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34		100184
					Carryo	over balance	Prefu	unding balan	ice	Total I	palance
35			se to offset fun	_		0			0		0
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36		100184
37						ırrent year adjusted		,	37		201785
38	Present	value of exces	s contributions	for current year	(see instruction	ons)					
	<b>a</b> Total (	excess, if any,	of line 37 over	· line 36)		·····			38a		101601
	<b>b</b> Portion	n included in lir	ne 38a attributa	able to use of pre	efunding and f	unding standard ca	arryover balar	nces	38b		0
39						ny, of line 36 over li			39		0
40	Unpaid n	ninimum requii	red contributior	ns for all years					40		0
Pa	rt IX	Pension	Funding Re	elief Under P	ension Re	lief Act of 201	0 (See Ins	tructions	)		
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	<b>a</b> Schedule elected										

## Schedule SB, line 32 - Schedule of Amortization Bases

#### **Charges/Credits**

		<b>Effective</b>	Interest	Initial	Initial	Current	Rem	
Type of Base		<u>Date</u>	Rate	<b>Amount</b>	<b>Amort</b>	<b>Balance</b>	<b>Amort</b>	<b>Payment</b>
Shortfall		12/31/2018	3.92 / 5.52	197	7.00	197	7.00	32
Totals	Shortfall					197		32

Name of Plan: Newport Painting & Decorating, Inc. Cash Balance Plan

Plan Sponsor's EIN: 13-2781566 Plan Number: 002

# Newport Painting & Decorating, Inc. Newport Painting & Decorating, Inc. Cash Balance Plan Plan Specifications Report

#### Valuation as of 12/31/2018 for the Plan Year Ending 12/31/2018

Initial effective date	01/01/2013
Plan year begins	01/01/2018
Plan year ends	12/31/2018
Valuation date	12/31/2018

#### **Eligibility Requirements**

Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0

#### **Normal Retirement**

Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	1st of month following

#### **Benefits**

Pension Formula:Benefit formulaType of Formula:Cash BalanceEffective Date:01/01/2013

Group A: 24.00% of compensation
Group B: 10.00% of compensation
Group C: 0.00% of compensation
Group D: 2.00% of compensation

Requirement for allocation: 1000 Hours

Vesting

Primary
Vesting Schedule
3 year cliff

#### **Actuarial Assumptions**

	Pre-retirement	Post-retirement
Interest	4.50%	4.50%

Mortality & Setbacks

MaleNone1994 GAR Proj 2002FemaleNone1994 GAR Proj 2002

Salary Scale

Male

0.00%

Funding Method
Unit Credit (PPA)

Female 0.00% Level percent of compensation

<u>Interest Credit</u> <u>Form of Annuity</u>

Current Year 4.50% Life only
Future Years 4.50% COLA 0.00%

Name of Plan: Newport Painting & Decorating, Inc. Cash Balance Plan

Plan Sponsors's EIN: 13-2781566 Plan Number: 002

Plan Sponsor's Name: Newport Painting & Decorating, Inc.

#### Schedule SB - line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement age are assumed to retire at the end of the plan year.

Name of Plan: Newport Painting & Decorating, Inc. Cash Balance Plan

Plan Sponsor's EIN: 13-2781566

Plan Number: 002

Plan Sponsor's Name: Newport Painting & Decorating, Inc.

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Pound 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 Newport Painting & Decorating, Inc. Cash Balance Plan   B Three-digit plan number (PN)   002	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018			12/21/20	310
Caution: A penalty of \$1,000 will be assessed for lete filing of this report unless reasonable cause is established.   A Name of plan   Newport Painting & Decorating, Inc. Cash Balance Plan   B   Three-dight   Plan number (PN)   002		and ending	3	12/31/20	118
A Name of plan Newport Painting & Decorating, Inc. Cash Balance Plan  B Three-digit plan number (PN)		oven is established	i		
Newport Painting & Decorating, Inc. Cash Balance Plan    Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF					<del></del>
C Plan sponsor's name as shown on line 2a of Form 6500 or 6500-SF  Newport Painting & Decorating, Inc.  E type of plan: Single   Multiple-A   Multiple-B   F Prior year plan size: 100 or fewer   101-500   More than 500  Part   Basic Information  1 Enter the valuation date:   Month   12   Day   31   Year   2018    2 Assests:   2a   457, 858   3 Funding target/participant count breakdown   (1) Number of participants   2b   457, 858   3 Funding target/participants and beneficiaries receiving payment   0   0   0   b For terminated vested participants   2   2, 484   2, 484   c For active participants   2   2, 484   2, 484   c For active participants   2   2, 484   2, 484   c For active participants   3   458, 055   458, 055    4 If the plan is in at-tisk status, check the box and complete lines (a) and (b)   1   1   458, 055   458, 055    4 If the plan is in at-tisk status, check the box and complete lines (a) and (b)   1   4   a Funding target disregarding prescribed at-tisk assumptions. b Underseparding translition rule for plans that have been in at-tisk status for fewer than tive consecutive years and disregarding loading factor   4b   5 Effective interest rate.   5   5   5.65%   6 Target normal cost   5   5   5.65%   7 Type or print name of actuary   5   5   5   5   5   8 Effective interest rate.   5   5   5.65%   8 Expenditure of actuary   5   5   5   5   5   8 Expenditure of actuary   5   5   5   5   5   9 Target normal cost   5   5   5   5   5   9 Target normal cost   5   5   5   5   5   9 Target normal cost   5   5   5   5   5   9 Target normal cost   5   5   5   5   5   9 Target normal cost   5   5   5   5   9 Target normal cost   5   5   5   5   9 Target normal		1	200		000
Rewport Painting & Decorating, Inc.   13-2781566	nonpore raineing a becording, the cash barance fran	plan num	ber (PN)	<u> </u>	002
Rewport Painting & Decorating, Inc.   13-2781566					
E Type of plan: Single   Multiple-A   Multiple-B   F Prior year plan size: 100 or fewer   101-500   More than 500    Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2018  2 Assets: 2	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identificat	ion Number (E	IN)
E Type of plan: Single   Multiple-A   Multiple-B   F Prior year plan size: 100 or fewer   101-500   More than 500    Part I Basic Information  1 Enter the valuation date: Month 12 Day 31 Year 2018  2 Assets: 2				•	<u>.</u>
Part I   Basic Information   1   Enter the valuation date:   Month   12   Day   31   Year   2018	Newport Painting & Decorating, Inc.	13-278	1566		
1 Enter the valuation date: Month 12 Day 31 Year 2018  2 Assets: a Market value	E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size:	X 100 or fewer	101-5	00 More th	an 500
1 Enter the valuation date: Month 12 Day 31 Year 2018  2 Assets: a Market value	Part I Basic Information			ent e	
2 Assets: a Market value. b Actuarial value 2 b Actuarial value 2 c b Actuarial value 2 c b Actuarial value 3 Funding target/participant count breakdown 4 For retired participants and beneficiaries receiving payment 6 b For terminated vested participants 7 Funding target/participants and beneficiaries receiving payment 7 b For terminated vested participants 8 For retired participants 9 c 2 2,484 2,484 1 c For active participants 9 c 455,571 455,571 1 d Total 1 d Sa,055 458,055 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 1 a Funding target disregarding prescribed at-risk assumptions 1 b Funding target effecting 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 5 Effective interest rate 6 100,152 Statement by Enrolled Actuary To be beet of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accourate Each postorbed assumption was applied in coordinates on the participants of participants of participants and resonable expectations) and such other assumption is reasonable (taking into account the experience of the pian and reasonable expectations) and such other assumptions in Signature of actuary Carl Shalit Type or print name of actuary  Carl Shalit & Associates Firm name Telephone number (including area code)  Firm name Telephone number (including area code)					
b Actuarial value					
b Actuarial value	a Market value		2a		457.858
3 Funding target/participant count breakdown  a For retired participants and beneficiaries receiving payment  b For terminated vested participants  C For active participants  G For ac			<del></del>		
a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		) Number of		ed Funding	
b For terminated vested participants 2 2,484 2,484  C For active participants 9 455,571 455,571  d Total 11 458,055 458,055  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 11 458,055 458,055  5 Iffective interest 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 Iffective interest rate 5 5 5.65%  6 Target normal cost 6 100,152  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 coordinate with applicable with applicable with applicable 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 articipates/defence under the plan.  SIGN HERE  Signature of actuary  Type or print name of actuary  Most recent enrollment number 278-745-9939  Firm name  Telephone number (including area code)  Address of the firm  MA 01970  Address of the firm					
C For active participants 9 455,571 455,571 d Total	For retired participants and beneficiaries receiving payment	0		0	0
d Total	b For terminated vested participants	2		2,484	2,484
d Total	C For active participants	9		455,571	455,571
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	d Total	11		458.055	
a Funding target disregarding prescribed at-risk assumptions.  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		П			
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		<b></b>	4=		
at-risk status for fewer than five consecutive years and disregarding loading factor			4a		
5 Effective interest rate	at-risk status for fewer than five consecutive years and disregarding loading factor	nave been in	4b		
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 anticipates experience under the plan.  SIGN HERE  Signature of actuary  Date  1702414  Type or print name of actuary  Most recent enrollment number  278-745-9939  Firm name  Telephone number (including area code)  Salem  MA 01970  Address of the firm				30	5.65%
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 anticipates experience under the plan.  SIGN HERE  Signature of actuary  Signature of actuary  Type or print name of actuary  Carl Shalit & Associates  Firm name  Firm name  Telephone number (including area code)  Salem  MA 01970  Address of the firm					100.152
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  Date  1702414  Type or print name of actuary  Carl Shalit & Associates  Firm name  Firm name  Telephone number (including area code)  Salem  MA 01970  Address of the firm	Statement by Enrolled Actuary	(A)		8	
SIGN HERE  Signature of actuary  Carl Shalit  Type or print name of actuary  Firm name  Firm name  Telephone number (including area code)  Salem  MA 01970  Address of the firm	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachn accordance with applicable law and requisitions. In the project the account the	nents, if any, is complete	and accurat	te. Each prescribed	assumption was applied in
HERE Signature of actuary Date Carl Shalit Type or print name of actuary  Carl Shalit & Associates Firm name Firm name Telephone number (including area code)  Salem MA 01970 Address of the firm	combination, offer my best estimate of anticipated experience under the plan.	expensive or the prairies	iu reasonadi	a avhaciations) auc	a such other assumptions, in
HERE Signature of actuary Date 1702414  Type or print name of actuary Carl Shalit & Associates Firm name Firm name Telephone number (including area code)  Salem MA 01970 Address of the firm	SIGN / 1.11			XXX 82.00	
Carl Shalit Type or print name of actuary Carl Shalit & Associates  Firm name Telephone number (including area code)  Salem MA 01970 Address of the firm				03/11/20	19
Type or print name of actuary  Carl Shalit & Associates  Firm name  Telephone number (including area code)  Salem  MA 01970  Address of the firm	Signature of actuary			Date	
Carl Shalit & Associates 978-745-9939  Firm name Telephone number (including area code)  35 Congress Street, #202  Salem MA 01970  Address of the firm	Carl Shalit			1702414	ž
Carl Shalit & Associates 978-745-9939  Firm name Telephone number (including area code)  35 Congress Street, #202  Salem MA 01970  Address of the firm	Type or print name of actuary		Most re	cent enrollmer	nt number
35 Congress Street, #202  Salem MA 01970  Address of the firm	Carl Shalit & Associates				
35 Congress Street, #202  Salem MA 01970  Address of the firm	Firm name	Tel	ephone r	number (includ	ing area code)
Salem MA 01970 Address of the firm	35 Congress Street, #202		4.52		10 M
Address of the firm					
		<del></del>			
	Address of the film				<u>.</u>
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		eting this schedule	, check th	ne box and see	

Page	2 -	Γ
ugo	_	

1000	art II Beo	inning of Year	Carryov	er and Prefunding Ba	lances						
L	uitii j Dog	inining or rout	Junyon	or alla i forallallig Da		(a) C	arryover balanc	е	(b) Pr	efundir	ng balance
7				ble adjustments (line 13 fron				0			0
8				ding requirement (line 35 fro	이 경우시 선생			0			0
9	Amount remaini	ng (line 7 minus line	8)					0			0
10	Interest on line	using prior year's a	ctual retur	n of <u>9.50</u> %				0			0
11	Prior year's exc	ess contributions to	be added t	o prefunding balance:				_		- 30	
				8a from prior year)	<del></del>		- Ai				0
	b(1) Interest or Schedule	n the excess, if any, SB. using prior vear	of line 38a s effective	over line 38b from prior year interest rate of5 . 83%							
	b(2) Interest of	n line 38b from prior	year Sche	dule SB, using prior year's ac	ctual		··············				0
				r to add to prefunding balance	NAME AND ADDRESS OF TAXABLE PARTY.						
	d Portion of (c)	to be added to prefu	ındina bala	ınce							
12	3.53.53		65/0	or deemed elections				0			
- 100				ine 10 + line 11d – line 12)				0			0
	*										
		nding Percenta								14	99.95%
	<u> </u>									15	109.13%
	Prior year's fund	ling percentage for	ourposes o	f determining whether carryo	ver/prefundin	g balance	s may be used	to reduce o	current	16	137.69%
17		<del></del>		less than 70 percent of the fu						17	%
and the same		ntributions and	0.000				<del></del>				
	1			ar by employer(s) and employ	vees:					-	
	(a) Date	(b) Amount p		(c) Amount paid by	(a) Dat		(b) Amount		(c)		nt paid by
_	MM-DD-YYYY)	employer(	s) 03,524	employees	(MM-DD-Y	YYY)	employe	er(s)		empl	oyees
- 0	2/26/2019		03,524	-							7. 2. 3
**			Î								
	<del></del>						1 70 1			- 12	
							#K   400			- 50	
										-	
	-										
										-	
						10(h)		202 524	49/6)		
					Totals ▶	18(b)		203,524	18(c)	-	0
19		Cambridge State Contractive Astronomy Contractive Cont		uctions for small plan with a	valuation date	after the	beginning of the	e year:	18(c)		
19	a Contributions	allocated toward ur	paid minin	num required contributions fr	valuation date	after the	beginning of the	year:	18(c)		0
19	<ul><li>a Contributions</li><li>b Contributions</li></ul>	allocated toward ur made to avoid restr	ipaid minin ictions adji	num required contributions frusted to valuation date	valuation date	after the	beginning of the	19a 19b	18(c)		0
	<ul><li>a Contributions</li><li>b Contributions</li><li>c Contributions</li></ul>	allocated toward ur made to avoid restr allocated toward min	npaid minin ictions adji imum requi	num required contributions fr	valuation date	after the	beginning of the	year:	18(c)		0
2,000	a Contributions     b Contributions     c Contributions     Quarterly contri	allocated toward ur made to avoid restr allocated toward min butions and liquidity	npaid minin ictions adju imum requi shortfalls:	num required contributions frusted to valuation datered contribution for current year	valuation date om prior years ar adjusted to v	after the	beginning of the	19a 19b 19c			0 0 201,785
2,000	<ul> <li>a Contributions</li> <li>b Contributions</li> <li>c Contributions</li> <li>Quarterly contributions</li> <li>a Did the plan</li> </ul>	allocated toward ur made to avoid restr allocated toward min butions and liquidity have a "funding sho	npaid minin ictions adju imum requi shortfalls: rtfall" for th	num required contributions frusted to valuation datered contribution for current year e prior year?	valuation date om prior years ar adjusted to v	after the saluation d	beginning of the	19a 19b 19c			0 0 201,785 Yes X No
2,000	a Contributions b Contributions c Contributions Quarterly contri a Did the plan b If line 20a is	allocated toward ur made to avoid restr allocated toward min butions and liquidity have a "funding sho "Yes," were required	npaid minin ictions adju imum requi shortfalls: rtfall" for the quarterly i	num required contributions frusted to valuation datered contribution for current year e prior year?	valuation date om prior year ir adjusted to v	after the saluation d	beginning of the	19a 19b 19c			0 0 201,785
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan b If line 20a is	allocated toward ur made to avoid restr allocated toward min butions and liquidity have a "funding sho "Yes," were required	npaid minin ictions adju imum requi shortfalls: rtfall" for the quarterly i	num required contributions frusted to valuation datered contribution for current year e prior year?	valuation date om prior year  ar adjusted to v  ear made in a applicable:	after the saluation d	ate	19a 19b 19c			0 0 201,785 Yes X No
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan b If line 20a is	allocated toward ur made to avoid restr allocated toward min butions and liquidity have a "funding sho "Yes," were required 'Yes," see instructio	npaid minin ictions adju imum requi shortfalls: rtfall" for the quarterly i	num required contributions frusted to valuation datered contribution for current year e prior year?	valuation date om prior year  ar adjusted to v  ear made in a applicable:	after the saluation d	ateanner?	19a 19b 19c		4) 411	0 0 201,785 Yes X No Yes No

P	art V Assump	tions Used to Determine	e Funding Target and Targ	et Normal Cost	•	
21	• • • • • • • • • • • • • • • • • • • •			,001.101.11.01.01.01		
	a Segment rates:	1st segment: 3 . 92 %	2nd segment: 5.52 %	3rd segment: 6.29%		N/A, full yield curve used
	<b>b</b> Applicable month (	enter code)	***************************************		21b	0
22	Weighted average ret	irement age			22	66
23		90000 (8807 DE	-		- separa	te Substitute
		Current regula			858	
		A consistency of the control of the	Alion. M Flescribed - Conti	Trescribed	i - Schala	re
		eous Items			-	
24 	10 <del>5</del>	N-20	arial assumptions for the current p	121		
25	Has a method change	e been made for the current plan	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No
26	Is the plan required to	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	ttachmen	t
27			r applicable code and see instructi		27	
P	100 100 100 100 100 100 100 100 100 100		um Required Contribution			
28	Unpaid minimum requ	uired contributions for all prior ye	ears		28	0
29			unpaid minimum required contribut		29	0
30	Remaining amount of	unpaid minimum required cont	ributions (line 28 minus line 29)		30	0
Pa	art VIII Minimun	n Required Contributior	For Current Year			
31	Target normal cost a	nd excess assets (see instruction	ons):			
	a Target normal cost	(line 6)			31a	100,152
	b Excess assets, if ap	oplicable, but not greater than li	ne 31a		31b	0
32	Amortization installme	ents:		Outstanding Bala	nce	Installment
	a Net shortfall amortiz	zation installment			197	32
					0	0
33			er the date of the ruling letter grant) and the waived amount		33	0
34	Total funding requirer	ment before reflecting carryover.	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	100,184
			Carryover balance	Prefunding balan	ce	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36	Additional cash requir	rement (line 34 minus line 35)			36	100,184
37	Contributions allocate	ed toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	201,785
38	Present value of exce	ess contributions for current yea	r (see instructions)			
	a Total (excess, if any	y, of line 37 over line 36)			38a	101,601
	<b>b</b> Portion included in	line 38a attributable to use of p	refunding and funding standard ca	ryover balances	38b	0
39	Unpaid minimum requ	uired contribution for current yea	ar (excess, if any, of line 36 over line	ne 37)	39	0
40	Unpaid minimum requ	uired contributions for all years .	***************************************		40	0
Pa	rt IX Pensior	Funding Relief Under l	Pension Relief Act of 2010	(See Instructions	)	
41	If an election was made	de to use PRA 2010 funding reli	ef for this plan:	w 8		
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year(s	) for which the election in line 4	1a was made		20	08 2009 2010 2011

### Schedule SB, Part V - Statement of Actuarial Assumptions

Actuarial Asset Valuation Method:	Market
Pre-retirement mortality:	None
Pre-retirement turnover:	None
Expected increase in compensation:	0.00%
Lump sum Election Percentage:	100.00%

Name of Plan: Newport Painting & Decorating, Inc. (

**Plan Sponsor's EIN:** 13-2781566

Plan Number: 002

Plan Sponsor's Name: Newport Painting & Decorating, Inc.

#### Schedule SB, line 26 - Schedule of Active Participant Data

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		Го 19 Avg. Comp			Го 24 Avg. Comp	25 No.	To 29 Avg. Comp	30 No.	To 34 Avg. Comp		5 To 39 Avg. Comp		Avg.
Age	110	Comp	110.	Comp	110.	Comp	110.	Comp	110.	Comp	+	110.	Comp	110.	Comp	110.	Comp	110.	Comp	110.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	#	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	1	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	1	0	1	0	0	0	0	0		0	0	0	0		0	0	0	0	0
40 to 44	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	+	1	0	0	0		0	0	0	0	0
55 to 59	0	0	1	0	1	0	0	0	0	0	$\perp$	0	0	0	0	0	0	0	0		0
60 to 64	0	0	0	0		0	0	0	0	0	+	0	0	0	0		0	0	0		
			"	U	0		"				+	U									
65 to 69	0	0	1	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	$\perp$	0	0	0	0		0	1	0		0

Name of plan: Newport Painting & Decorating, Inc. Cash Balance Plan

Plan sponsor's name: Newport Painting & Decorating, Inc.

Plan number: 002

EIN: 13-2781566