Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Part I	Annual Report	Identification Information	<u>1</u>								
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018					
A This re	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
	·	a one-participant plan		oreign plan							
B This ret	urn/report is	the first return/report	the f	final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	auto	omatic extension		DFVC p	rogram				
		special extension (enter desc	. ,								
Part II	Basic Plan Info	rmation —enter all requested in	nformation	1							
1a Name ATLANTIC F	of plan	INC. DEFINED BENEFIT PENSION				1b Three plan (PN)	number	002			
						, ,	tive date of	f plan 1/2009			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0						fication Number			
		ce, country, and ZIP or foreign post		if foreign, see instru	uctions)	(EIN)		511552			
-	PACIFIC PRODUCTS,		,		,	2c Spon	sor's telepl	hone number			
						2d Busin	ess code (see instructions)			
23 BROWN							7223	00			
NORTH KIN	GSTOWN, RI 02852										
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	onsor.			3b Admi	nistrator's E	EIN			
		_				•					
						3C Admi	nistrator's t	elephone number			
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a				4b EIN					
	sor's name	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4d PN					
C Plan N	Name										
		at the headers at the plants of				5a		2			
_	•	at the beginning of the plan year. at the end of the plan year				5b		2			
	· · ·	account balances as of the end of				5c					
1	,	rticipants at the beginning of the p				5d(1)		2			
	·	inticipants at the beginning of the plan ye	•			5d(1)		2			
		terminated employment during the				` ,					
than	100% vested					5e		0			
		or incomplete filing of this retur						0			
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN HERE	Filed with authorized	/valid electronic signature.	C	09/18/2019	JOHN KOSMARK						
TILIXE	Signature of plan a	administrator		Date	Enter name of individ	ual signing a	as plan adn	ninistrator			
SIGN											
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	vidual signing as employer or plan sponsor					

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

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERIS. If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for the Part III Financial Information	nis plan yea			Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Part III Financial Information		If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
7 Plan Assets and Liabilities (a) Beginni	ing of Year			(b) En	d of Year						
a Total plan assets	2690666				2809946						
b Total plan liabilities	0				0						
C Net plan assets (subtract line 7b from line 7a)	2690666				2809946						
8 Income, Expenses, and Transfers for this Plan Year (a) Am	ount			(b)	Total						
a Contributions received or receivable from: (1) Employers	70000										
(2) Participants	0										
(3) Others (including rollovers)	0										
b Other income (loss)	49280										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					119280						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0										
e Certain deemed and/or corrective distributions (see instructions) 8e	0										
f Administrative service providers (salaries, fees, commissions) 8f	0										
g Other expenses	0										
h Total expenses (add lines 8d, 8e, 8f, and 8g)					0						
i Net income (loss) (subtract line 8h from line 8c)					119280						
j Transfers to (from) the plan (see instructions)	0										
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of 1A	of Plan Cha	racteri	stic Cod	des in the in	structions:						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan Chara	acteris	tic Code	es in the ins	tructions:						
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? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transaction reported on line 10a.)			Х								
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 fidelity bond, that was cause by fraud or dishonesty?			Х								
• 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.)			х								
f Has the plan failed to provide any benefit when due under the plan?	10f		Χ								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			Х								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFF 2520.101-3.)	10h										
i If 10h was answered "Yes," check the box if you either provided the required notice or one of t exceptions to providing the notice applied under 29 CFR 2520.101-3											

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No			
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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							
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	C 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?		Yes	X No				
	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 X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	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 01/01/2	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 recommendation.	report unless reasona	able cause	is establishe					
Α	Name of plan ATLANTIC PACIFIC PRODUCTS, INC. DEFINED BENEFIT PENSI	•		B Three-digit plan number (PN) ▶ 002					
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATLANTIC PACIFIC PRODUCTS, INC.		C	Employer	Identific	ation Number (E	EIN)		
E	Type of plan: Single	F Prior year plar	n size: X	100 or fewer	101-	500 More th	an 500		
	Part I Basic Information	, , ,							
1	Enter the valuation date: Month 01 Day	01 Year <u>201</u>	18						
2	Assets:								
	a Market value				. 2a		2683295		
	b Actuarial value				. 2b	sted Funding	2683295		
3	Funding target/participant count breakdown		` '	mber of ipants	(3) Total Funding Target				
	a For retired participants and beneficiaries receiving payment			0		0	0		
	b For terminated vested participants			0		0	0		
	C For active participants			2		2675957	2675957		
	d Total			2		2675957	2675957		
4	If the plan is in at-risk status, check the box and complete lines (a	a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions				4a				
	b Funding target reflecting at-risk assumptions, but disregarding t at-risk status for fewer than five consecutive years and disregar				4b				
5	Effective interest rate						5.50 %		
6	Target normal cost				6		0		
	To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is recombination, offer my best estimate of anticipated experience under the plan. SIGN								
	HERE					09/12/201	9		
	Signature of actuary					Date			
	MARK VIDAL					17-05069)		
	Type or print name of actuary				Most	recent enrollme	nt number		
	THE HILB GROUP OF NEW ENGLAND, LLC					800-678-17	00		
5	Firm name 931 JEFFERSON BLVD. SUITE 3001 WARWICK, RI 02886			Тє	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	completing	this schedule	e, check	the box and see	e [

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Schedule SB (Form 5500) 2018

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
					<u> </u>		(a) C	arryover balance)	(b) F	refundir	g balance	
7		•	0 , ,		able adjustments (line 13 fro				0			0	
8			•	•	nding requirement (line 35 fr				0			0	
9	Amount r	emaining	g (line 7 minus line	8)					0			0	
10	Interest of	n line 9 เ	using prior year's	actual retu	rn of <u>0.00</u> %				0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Preser	it value o	f excess contribut	ions (line 3	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									0				
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual							0						
return							0						
			0 0	. ,	ar to add to prefunding balance							0	
	d Portion	of (c) to	be added to pref	unding bala	ance							0	
12	Other red	ductions i	n balances due to	elections	or deemed elections				0			0	
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)				0			0	
Р	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							14	100.27%	
15	Adjusted	funding t	target attainment	percentage)						15	100.27%	
16					of determining whether carry				o reduce	current	16	100.49%	
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding target	t, enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and emplo					•			
(1)	(a) Date //MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount p employer	-	(c	c) Amount paid by employees		
,	9/12/2019	,		70000	0	(***** = =			(-)			,	
						Totals ►	18(b)		7000	0 18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation dat	e after the	beginning of the	year:				
	a Contril	outions a	llocated toward ur	npaid minir	num required contributions for	rom prior yea	rs		19a			0	
	b Contrib	outions m	nade to avoid resti	ictions adj	usted to valuation date				19b			0	
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current year	ar adjusted to	valuation d	ate	19c			63924	
20	Quarterly	contribu	tions and liquidity	shortfalls:									
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No	
	b If line	20a is "Y	es," were required	l quarterly	installments for the current y	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:							
	_	(4)			Liquidity shortfall as of end	of quarter of		<i></i>			(4)		
		(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4th		

P	Part V Assumptions Used to Determin	e Funding Target and Targ	et Normal Cost						
21	Discount rate:								
	a Segment rates: 1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used				
	b Applicable month (enter code)			21b	0				
22	Weighted average retirement age			22	62				
23	Mortality table(s) (see instructions) Prior regulation	on: X Prescribed - comb	ined Prescribed	l - separat	e Substitute				
	Current regul	ation: Prescribed - comb	ined Prescribed	l - separat	e Substitute				
Pa	art VI Miscellaneous Items								
24	Has a change been made in the non-prescribed actu	uarial assumptions for the current pl	an year? If "Yes," see ii	nstructions	s regarding required				
	attachment								
25	Has a method change been made for the current pla	n year? If "Yes," see instructions re	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	tYes X No				
27	If the plan is subject to alternative funding rules, ente		ons regarding	27					
P	art VII Reconciliation of Unpaid Minim	um Required Contribution	s For Prior Years	U.					
28	Unpaid minimum required contributions for all prior y	•		28	0				
29		unpaid minimum required contribut	ons from prior years	29	0				
30	Remaining amount of unpaid minimum required cont			30	0				
Pá	art VIII Minimum Required Contribution	n For Current Year		Į.					
31	•								
	a Target normal cost (line 6)			31a	0				
	b Excess assets, if applicable, but not greater than li	ne 31a		. 31b					
32	Amortization installments:		Outstanding Bala	nce	Installment				
	a Net shortfall amortization installment			0	0				
	b Waiver amortization installment			0	0				
33	If a waiver has been approved for this plan year, enter (Month Day Year	er the date of the ruling letter granti) and the waived amount		33					
34	Total funding requirement before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0				
		Carryover balance	Prefunding balan	ice	Total balance				
35	Balances elected for use to offset funding requirement	0		0	0				
36	Additional cash requirement (line 34 minus line 35)			36	0				
37		ntribution for current year adjusted	to valuation date (line	37	63924				
38				Į					
	a Total (excess, if any, of line 37 over line 36)			38a	63924				
	b Portion included in line 38a attributable to use of p			38b	0				
39	Unpaid minimum required contribution for current year	ar (excess, if any, of line 36 over lin	e 37)	39	0				
40	Unpaid minimum required contributions for all years			40	0				
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions)					
41	If an election was made to use PRA 2010 funding rel	ief for this plan:							
	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				

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

k Reduction Act Notice, sy

the Instructions for Form 5500-SF

For Paperwor

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).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant plan a foreign plan B This return/report is the final return/report the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filling under: Form 3556 automatic extension DFVC program special extension (enter description) Part II | Basic Plan Information -- enter all requested information 1a Name of plan 1b Three-digit Atlantic Pacific Products, Inc. Defined Benefit Pension Plan plan number 002 (PN) 1c Effective date of plan 01/01/2009 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 05-0511552 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Atlantic Pacific Products, Inc. 2d Business code (see instructions) 23 Brown Street North Kingstown RI 02953 722300 3a Plan administrator's name and address 🔀 Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year 2 b Total number of participants at the end of the plan year 5b 2 Number of participants with account balances as of the end of the plan year (only defined contribution plans Sc complete this item)...... d(1) Total number of active participants at the beginning of the plan year 5d(1) 2 3 d(2) Total number of active participants at the end of the plan year 5d(2) Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested a 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, selforth 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 John Kosmark HERE Signature of plan a ministrato Enter name of individual signing as plan administrator SIGN HERE Signature of employer/pt/an sponsor Enter name of individual signing as employer or plan sponsor

Pa	a	e	2

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of						X Yes No		
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and cond	tions.)						
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						f hand hand		
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC į	premium filing for this p	lan yea	r		. (See instructions.)		
Pa	rt III Financial Information				~~~~				
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
a	Total plan assets	7a	2,	690,	666		2,809,946		
b	Total plan liabilities	7b			0		0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2,	690,	666		2,809,946		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
а 	Contributions received or receivable from: (1) Employers	8a(1)		70,	000				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		49,	280				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					119,280		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
i	Net income (loss) (subtract line 8h from line 8c)	8i		Jana Sa	119				
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics	4			l				
9a		feature c	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Chara	acteris	tic Cod	des in the instructions:		
Par	t V Compliance Questions	· · · · · · · · · · · · · · · · · · ·							
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)		•	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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.)	her persor ne or all of	ns by an insurance f the benefits under	10e		х			
f				10f	<u> </u>	х			
g				10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					

***************************************	Form 5500-SF (2018) Page 3 -					
Part	VI Pension Funding Compliance			·····		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	l complete Sch	edule S	B	_ X `	res 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a		0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or section	n 302 o	f		res 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	Month	d enter Da		I of the lette Year	r ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	∋ 13.				
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
<u>c</u>	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 negative amount)	e left of a	12d			
<u>e</u>	Will 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?			Yes	X N	0
	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 brocontrol of the PBGC?	ught under the			Yes 🛭	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.		to			
1	3c(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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

File as an attachment to Form	5500 or 5500-	ŝF.			
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and ending		12/31/20)18
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reaso	nable cause is e	stablished	•		
A Name of plan	В	Three-dig	it		
Atlantic Pacific Products, Inc. Defined Benefit Pen. Plan	sion	plan num	ber (PN)	>	002
11411					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer I	dentifica	tion Number (E	IN)
Atlantic Pacific Products, Inc.		05-051	1552		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year pl	an size: 🗓 100	or fewer	101-5	00 More th	an 500
Part I Basic Information					
	2018				
2 Assets:	-				
a Market value			2a		2,683,295
b Actuarial value			2b		2,683,295
3 Funding target/participant count breakdown	(1) Numbe participar	- 1		ted Funding arget	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		0		0	0
b For terminated vested participants		0		0	
C For active participants		2	2	2,675,957	2,675,957
d Total		, 2	2	,675,957	2,675,957
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		Mill Die Steller der Stelle
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plantarisk status for fewer than five consecutive years and disregarding loading factor	ans that have be	en in	4h		
5 Effective interest rate			. 5		5.50%
6 Target normal cost			. 6		0
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	nd attachments, if any count the experience	, is complete of the pl an an	and accura d reasonab	ite. Each prescribed le expectations) and	assumption was applied in d such other assumptions, in
		-			
SIGN				09/12/20	19
Signature of actuary				Date	
Mark Vidal				1705069	9
Type or print name of actuary	•		Most re	ecent enrollmer	· · · · · · · · · · · · · · · · · · ·
The HILB Group of New England, LLC				300-678-1	
Firm name	. 44	 · Tel		number (includ	
931 Jefferson Blvd.					
Suite 3001					
Warwick RI 02886 Address of the firm					
					<u></u>
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in	n completing this	schedule	, cneck t	ne box and see	€ ∐

Page	2	-	

P	art II	Begir	ning of Year	Carryove	er and Prefunding Ba	alar	nces									
7							(a) Carryover balance			(b) Prefunding balance						
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								0				0			
8	_															
	year)							0				0				
	9 Amount remaining (line 7 minus line 8)										0				0	
	10 Interest on line 9 using prior year's actual return of0.00%															
••	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) Int	erest on t	the excess, if any,	of line 38a	over line 38b from prior year interest rate of5.669	ar										
	b(2) Int	erest on I	ine 38b from prior	year Sched	dule SB, using prior year's a	actu	al									0
					to add to profunding balance											0
	_				to add to prefunding balance											0
	a Portio	n of (c) to	be added to prefu	unding bala	nce											0
					or deemed elections							0				0
					ne 10 + line 11d – line 12)							U				0
-	art III		ding Percenta	_										14	100.2	70/
														15	100.2	
					f determining whether carry										100.2	7 70
	year's fu	nding red	uirement											16	100.4	9%
				•	ess than 70 percent of the f	fund	ling targ	get,	enter suc	ch percentage.				17		%
	art IV		tributions and		•											
10	(a) Dat		(b) Amount p		r by employer(s) and emplo (c) Amount paid by	oyee	es: (a)	Date	e	(b) Amount	t paid by	,	(c)	Amou	nt paid by	
	MM-DD-Y	YYY)	employer	(s)	employees		(MM-DI			employ			(-,		oyees	
- 0	9/12/2	019		70,000	0											
			,							,						
						То	tals ▶	•	18(b)		70,0	18(c)			0
19			-		ctions for small plan with a							1				
	_				num required contributions f						19a					0
				-	sted to valuation date						19b	63,924			924	
20			itions and liquidity		ed contribution for current yea	ar a	ujustea i	io va	alualion u	ale	130				03,	727
_0					e prior year?										Yes X	No
			_		nstallments for the current y									 		No
			•		plete the following table as				,							
					Liquidity shortfall as of end											
		(1) 1s	t		(2) 2nd	+			(3)	3rd			(4	l) 4th	1	

22 62 23 Mortality table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - separate Substitute Current regulation: Prescribed - combined Prescribed - separate Substitute Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Substitute Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - separate Substitute Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - separate Substitute Prescribed - separate Substitute Part VI Prescribed - separate Substitute Prescribed - separate Prescribed - separate Substitute Prescribed - separate Substitute Prescribed - separate Prescri	F	art V	Assumpti	ions Used to Determi	ne Funding Target and Tar	get Normal Cost		
b Applicable month (enter code)	21	Discount	t rate:					
22 62 23 Mortality table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - separate Substitute Prescribed - separate Substitute Part VI Miscellaneous Items Prescribed - separate Substitute Prescribed - separate Substitute Part VI Prescribed - separate Prescribed - separate Prescribed - separate Substitute Prescribed - separate Prescribed - se		a Segm	ent rates:					N/A, full yield curve used
Prescribed - combined Prescribed - separate Substitute		b Applic	able month (er	nter code)			21b	0
Prescribed - separate Substitute	22	Weighte	d average retir	ement age			22	62
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							d - separa	te 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		·	, , ,	Current rea		ined Prescriber	d - sanara	ta 🗍 Substituta
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	P	art VI	Miscellane		nation. Tresembed come	T rescribed	и - осрага	Cubstitute
attachment					tuarial assumptions for the current r	lan year? If "Ves " see i	netruction	s regarding required
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			-			-		
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. 28 Unpaid minimum required contributions for all prior years. 28 Unpaid minimum required contributions for all prior years. 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 31 Target normal cost and excess assets (see instructions): a Target normal cost f(line 6). 31 Target normal cost f(line 6). 31 A mortization installments: a Net shortfall amortization installment. b Waiver amortization installment. a Net shortfall amortization installment. b Waiver amortization installment. a Net shortfall amortization installment. b Waiver amortization installment. a Net shortfall amortization installment. c Carryover balance Carryover balance Carryover balance Prefunding balance Total balance Total balance 35 Balances elected for use to offset funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 Total funding requirement lefine 34 minus line 35). 35 Present value of excess contributions for current year adjusted to valuation date (line 19c). 36 Additional cash requirement (line 34 minus line 35). 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c). 38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36). 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37). 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).	25	Has a m	ethod change	been made for the current pl	an year? If "Yes," see instructions r	egarding required attach	nment	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years. 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years and contributions allocated toward unpaid minimum required contributions from prior years and contributions allocated toward minimum required contribution for current year adjusted to valuation date (line contributions allocated toward minimum required contributions from prior years and contribution from current year adjusted to valuation date (line contributions and contributions from year intensity and funding standard carryover balances and contribution for current year (see instructions) and contribution fine current year (see instructions) and contribution fine and funding standard carryover balances and contribution for current year (see instructions) and contribution fine and funding standard carryover balances and contributi	26	Is the pla	an required to p	provide a Schedule of Active	Participants? If "Yes," see instructi	ons regarding required a	attachmen	t
28 Unpaid minimum required contributions for all prior years	27		•	•	• •	ons regarding	27	
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6). b Excess assets, if applicable, but not greater than line 31a. 31b. 0 b Excess assets, if applicable, but not greater than line 31a. 31b. 0 b Excess assets, if applicable, but not greater than line 31a. 31b. 0 b Excess assets, if applicable, but not greater than line 31a. 31b. 0 0 0 0 32 Amortization installments. a Net shortfall amortization installment. 0 0 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. 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 4 Carryover balance Prefunding balance Total balance Total balance 35 Balances elected for use to offset funding requirement. 0 0 0 0 36 Additional cash requirement (line 34 minus line 35) 36 0 0 37 Contributions allocated toward minimum required contributions for current year adjusted to valuation date (line 37 19c) 38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36). 38 Denote the decompliance of the ruling standard carryover balances. 38 Denote the ruling standard carryover balances. 39 Unpaid minimum required contribution for current year (excess, if any, of line 36). 39 Unpaid minimum required contribution for current year (excess, if any, of line 36). 39 Unpaid minimum required contribution for current year (excess, if any, of line 37). 30 Unpaid minimum required contribution for current year (excess, if any, of line 36).	P	art VII	Reconcili	ation of Unpaid Minir	num Required Contribution	s For Prior Years		
(line 19a) 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 6) 31a 0 0 b Excess assets, if applicable, but not greater than line 31a 31b 0 0 32 Amortization installments: a Net shortfall amortization installment 0 0 0 0 b Waiver amortization installment 0 0 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 (Month Day Year) and the waived amount 5 Balances elected for use to offset funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34 0 0 Carryover balance Prefunding balance Total balance 7 Total balance 8 Prefunding balance 8 Prefunding balance 8 Prefunding balance 9 Total balance	28	Unpaid r	minimum requi	red contributions for all prior	years		28	0
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	29				·	, ,	29	0
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	Remaini	ng amount of ι	unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
a Target normal cost (line 6)	Pa	art VIII	Minimum	Required Contribution	on For Current Year			
b Excess assets, if applicable, but not greater than line 31a	31	Target n	normal cost and	d excess assets (see instruc	tions):			
A mortization installments: a Net shortfall amortization installment		a Target	normal cost (li	ne 6)			31a	0
a Net shortfall amortization installment		b Exces	s assets, if app	olicable, but not greater than	line 31a		31b	0
b Waiver amortization installment	32	Amortiza	ation installmer	nts:		Outstanding Bala	nce	Installment
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		a Net sh	ortfall amortiza	ation installment			0	0
(Month Day Year) and the waived amount		b Waive	r amortization	installment		•	0	0
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	33						33	
35 Balances elected for use to offset funding requirement	34	Total fun	nding requireme	ent before reflecting carryove	er/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
requirement					Carryover balance	Prefunding balar	nce	Total balance
36 Additional cash requirement (line 34 minus line 35)	35			_			0	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	•				1		
38 Present value of excess contributions for current year (see instructions)a Total (excess, if any, of line 37 over line 36)38a63,924b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances38b039 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)390		Contribu	tions allocated		-			
a Total (excess, if any, of line 37 over line 36)	38							03,721
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					,		38a	63,924
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			-			0		
	39					0		
40 Unpaid minimum required contributions for all years	40					•	40	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41 If an election was made to use PRA 2010 funding relief for this plan:						,	,	
a Schedule elected					•		Γ	2 nlus 7 vears 15 vears
■ Concedit Circles Tyears							<u> </u>	<u> </u>
		b Eligible	e plan vear(s) f	for which the election in line	41a was made		20	08