# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## 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** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
A.T. CROSS COMPANY PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/1984

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COSTA INC.

500 GEORGE WASHINGTON HWY
SMITHFIELD, RI 02917

**2b** Employer Identification Number (EIN)
05-0126220

**2c** Plan Sponsor's telephone number
401-719-2103

**2d** Business code (see instructions)
339900

**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 set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE** | Filed with authorized/valid electronic signature. | 10/04/2019 | MARK WILLIAMS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/04/2019 | MARK WILLIAMS |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 835 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 0 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** Retired or separated participants receiving benefits | **6b** | 598 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 142 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 740 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 52 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 792 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# 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**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round 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
A.T. CROSS COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COSTA INC.

**D** Employer Identification Number (EIN)
05-0126220

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 31081797 |
| **b** Actuarial value | **2b** | 29172546 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 671 | 23304689 | 23304689 |
| **b** For terminated vested participants | 164 | 7493758 | 7493758 |
| **c** For active participants | 0 | 0 | 0 |
| **d** Total | 835 | 30798447 | 30798447 |

**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** 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 | **4b** | |
| **5** Effective interest rate | **5** | 5.56 % |
| **6** Target normal cost | **6** | 471100 |

**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 anticipated experience under the plan.

**SIGN HERE**

Signature of actuary — Date: 07/01/2019

SUSAN L. FEIT — Type or print name of actuary

17-05484 — Most recent enrollment number

THE ANGELL PENSION GROUP, INC. — Firm name

401-438-9250 — Telephone number (including area code)

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

Address of the firm

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 [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 4033472 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 4033472 |
| 10 | Interest on line 9 using prior year's actual return of 15.50 % | 0 | 625188 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 4969 |
| | **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 5.78 % | | 287 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 5256 |
| | **d** Portion of (c) to be added to prefunding balance | | 5256 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 130128 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 4533788 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.00% |
| 15 | Adjusted funding target attainment percentage | 15 | 80.00% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 80.00% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/12/2018 | 438946 | 0 | | | |
| 07/11/2018 | 438946 | 0 | | | |
| 10/09/2018 | 438946 | 0 | | | |
| 01/08/2019 | 217642 | 0 | | | |
| 05/14/2019 | 242221 | 0 | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1776701 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1711099 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.92% | 5.52% | 6.29% | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) **21b** 4

**22** Weighted average retirement age **22** 64

**23** Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ 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. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **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** | 471100 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 6159689 | 1233876 |
| **b** Waiver amortization installment | 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**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 1704976

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1704976 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1711099 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 6123 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **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 ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
A.T. CROSS COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
COSTA INC.

**D** Employer Identification Number (EIN)
05-0126220

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FPA CRESCENT FUNDS
11601 WILSHIRE BLVD
LOS ANGELES, CA 90025

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WESTWOOD MANAGEMENT CORP
200 CRESCENT COURT
SUITE 1200
DALLAS, TX 75201

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS
102 MOTOR PKWY #550
HAUPPAUGE, NY 11788

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DFA
6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE & COX

555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

THE ANGELL PENSION GROUP, INC.

04-2530412

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 | NONE | 61394 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

CONDUENT HR CONSULTING, LLC

485 LEXINGTON AVENUE
10TH FLOOR
NEW YORK, NY 10017

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | NONE | 60000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

BANK OF AMERICA, N.A.

94-1687665

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 25 | NONE | 38737 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

STOWE & DEGON LLC

04-3379904

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 13950 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
A.T. CROSS COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
COSTA INC.

**D** Employer Identification Number (EIN)
05-0126220

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 766274 | 459863 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 105884 | 53237 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 442139 | 1112346 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 29779201 | 26340164 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 31093498 | 27965610 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 31093498 | 27965610 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1776701 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1776701 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 15154 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 15154 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 776337 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 776337 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 4296146 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 4296146 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -2815597 |
| c Other income | 2c | | 84 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | -247321 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2424478 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2424478 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 75344 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 60000 | |
| (4) Other | 2i(4) | 320745 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 456089 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2880567 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -3127888 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: STOWE & DEGON LLC **(2)** EIN: 04-3379904

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4138283. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
A.T. CROSS COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
COSTA INC.

**D** Employer Identification Number (EIN)
05-0126220

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# *A.T. Cross Company*
# *Pension Plan*

*Financial Statements as of and for the Years Ended December 31, 2018 and 2017*
*With Supplemental Schedules and Independent Auditors' Report*

# A.T. CROSS COMPANY PENSION PLAN

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STOWE&DEGON
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
A.T. Cross Company Pension Plan:

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the A.T. Cross Company Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of America, N.A, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions, as of and for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Stowe & Degon LLC

October 1, 2019



Stowe & Degon LLC | 95 A Turnpike Road | Westborough, MA 01581 | (508) 983-6700 | www.stowedegon.com

# A.T. CROSS COMPANY PENSION PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 |
|---|---|---|
| ASSETS: | | |
| Investments, at fair value: | | |
| Money market funds and cash | $ 1,112,346 | $ 442,139 |
| Mutual funds | 26,340,164 | 29,779,201 |
| Total investments | 27,452,510 | 30,221,340 |
| Employer contribution receivable | 459,863 | 766,274 |
| Dividends and interest receivable | 53,237 | 105,884 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 27,965,610 | $ 31,093,498 |

See independent auditors' report and notes to financial statements.

# A.T. CROSS COMPANY PENSION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## YEARS ENDED DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 |
|---|---|---|
| INVESTMENT INCOME (LOSS): | | |
| Net appreciation (depreciation) in fair value of investments | $ (2,815,513) | $ 3,367,534 |
| Interest and dividends | 791,491 | 813,989 |
| Total investment income (loss) | (2,024,022) | 4,181,523 |
| EMPLOYER CONTRIBUTIONS | 1,776,701 | 1,845,191 |
| DEDUCTIONS: | | |
| Benefits paid to participants | 2,424,478 | 2,398,480 |
| Administrative expenses | 456,089 | 471,100 |
| Total deductions | 2,880,567 | 2,869,580 |
| NET INCREASE (DECREASE) | (3,127,888) | 3,157,134 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 31,093,498 | 27,936,364 |
| End of year | $ 27,965,610 | $ 31,093,498 |

See independent auditors' report and notes to financial statements.

### 1. DESCRIPTION OF PLAN

The following description of the A.T. Cross Company Pension Plan (the "Plan") provides general information only. Participants should refer to the Plan document for more complete information.

***General*** – The Plan is a noncontributory, defined benefit plan for the employees of Costa, Inc. (formerly A.T. Cross Company) (the "Company"). The Plan was amended effective May 20, 2006 to freeze all benefit accruals such that no compensation earned or service performed after that date be recognized in the determination of pension benefits. The Plan covers substantially all of the Company's non-seasonal employees for service prior to May 20, 2006, and provides retirement and death benefits. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). The Investment Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investments, and monitors investment performance.

On September 6, 2013, the Company completed the sale of its Cross Accessory Division. The Plan remains the obligation of the Company. On September 11, 2013, the Company changed its name to Costa, Inc. Active participants of the Plan who were part of the Cross Accessory Division were terminated from the Plan and are 100% vested. The sale caused a significant decrease in the number of active participants in the Plan, for which appropriate filings were made with the Pension Benefit Guaranty Corporation (PBGC).

***Vesting*** – An employee's accrued benefits are vested after five years of credited service.

***Pension Benefits*** – Benefits under the Plan are based primarily on an employee's length of service and highest average annual compensation for any period of five consecutive years, subject to limitations specified in the Internal Revenue Code. Benefits are paid at normal retirement age (65) or at early retirement age (62 to 64) under certain conditions. Employees may elect to receive their pension benefits in the form of a life annuity or qualified joint and survivor annuity, payable monthly from retirement.

***Administrative Expenses*** – Administrative expenses of the Plan are paid by either the Plan or the Plan sponsor, as provided in the Plan document.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting*** – The accompanying financial statements have been prepared on the accrual basis of accounting.

***Investment Valuation and Income Recognition*** – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

***Use of Estimates*** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Benefit Payments*** – Benefits are recorded when paid.

***Risks and Uncertainties*** – Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

The Plan invests in various investment instruments. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

## 3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2018 and 2017;
- Net investment activity as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017;
- Investment information included in the 2018 and 2017 footnotes and supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2018.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

## 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

## 4. FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation method are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

*Money market funds* – carried at cost which approximates market value.

*Mutual funds* – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds and cash | $ 1,112,346 | $ - | $ - | $ 1,112,346 |
| Mutual funds | 26,340,164 | - | - | 26,340,164 |
| Total assets at fair value | $ 27,452,510 | $ - | $ - | $ 27,452,510 |

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds and cash | $ 442,139 | $ - | $ - | $ 442,139 |
| Mutual funds | 29,779,201 | - | - | 29,779,201 |
| Total assets at fair value | $ 30,221,340 | $ - | $ - | $ 30,221,340 |

## 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employee's average compensation during the five consecutive calendar years of credited service which produced the highest average compensation. The accumulated plan benefits for active employees are based on the employee's average compensation during the five consecutive calendar years preceding the valuation date which produced the highest average compensation. Benefits payable under all circumstances – retirement, death, disability, and termination or employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the January 1, 2018 and 2017 actuarial computations are as follows:

- *Mortality* – RP-2014 Employee with Scale MP-2017 Generational Improvements from 2006 (RP-2014 Employee with Scale MP-2016 Generational Improvements from 2006 in the 2017 actuarial valuation)

- *Retirement* – Age-related retirement rates from age 62 to age 70 for active employees are reflective of recent retirement experiences with average retirement age of 66. Terminated participants are assumed to retire at age 65; and

- *Valuation Interest Rates* – 7.8%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2018 is as follows:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits | |
| Vested benefits: | |
| Participants currently receiving payments | $ 20,388,215 |
| Other participants | 5,949,099 |
| | 26,337,314 |
| Nonvested benefits | - |
| Total actuarial present value of accumulated plan benefits | $ 26,337,314 |

## 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2018 are as follows:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits - January 1, 2017 | $ 26,750,819 |
| Increase (decrease) during the year attributable to: | |
| Benefit payments | (2,398,480) |
| Benefits accumulated and actuarial gains | 166,563 |
| Interest due to decrease in the discount period | 1,985,228 |
| Changes in assumptions | (166,816) |
| Net decrease | (413,505) |
| Actuarial present value of accumulated plan benefits - January 1, 2018 | $ 26,337,314 |

## 6. FUNDING POLICY

The Company contributes such amounts as necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan based upon actuarial valuations prepared by the Company's actuary, The Angell Pension Group. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2018 and 2017.

## 7. TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on March 21, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 8. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A. Bank of America is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $38,737 and $42,061 in 2018 and 2017, respectively.

## 9. PLAN TERMINATION PRIORITIES

Although it has not expressed any intention to do so, the Company has the right, under the Plan, to terminate the Plan, in certain circumstances, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early-retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the levels in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided by the then-existing Plan assets and the PBGC guaranty, while other benefits may not be provided at all.

## 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events for recognition or disclosure through October 1, 2019, the date the financial statements were available to be issued.

* * * * * * *

# A.T. CROSS COMPANY PENSION PLAN
# EIN: 05-0126220
# PLAN: 003

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
## DECEMBER 31, 2018

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Money Market Funds and Cash: | | | |
| * | Blackrock Liquidity T-Fund Institutional | 1,112,346 shares | $ 1,112,346 | $ 1,112,346 |
| | Mutual Funds: | | | |
| | American Europacific Growth | 26,877 shares | 1,405,928 | 1,209,189 |
| | DFA U.S. Small Cap Portfolio | 42,431 shares | 1,309,405 | 1,262,328 |
| | Dodge & Cox International Stock | 33,020 shares | 1,179,755 | 1,218,775 |
| | FPA Crescent | 52,686 shares | 1,703,527 | 1,555,831 |
| | Pimco All Asset Fund Institutional | 189,908 shares | 2,281,736 | 2,079,494 |
| | Vanguard Dividend Growth | 46,396 shares | 1,009,121 | 1,134,855 |
| | Vanguard Long-Term Investment Grade | 1,129,399 shares | 10,886,377 | 10,808,351 |
| | Vanguard Total Stock Market Index | 86,385 shares | 4,463,443 | 5,364,490 |
| | Westwood Income Opportunity Institutional | 121,139 shares | 1,682,392 | 1,706,851 |
| | | | 25,921,684 | 26,340,164 |
| | | TOTAL INVESTMENTS | $ 27,034,030 | $ 27,452,510 |

* Represents a party-in-interest

**A.T. CROSS COMPANY PENSION PLAN**
**EIN: 05-0126220**
**PLAN: 003**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
**YEAR ENDED DECEMBER 31, 2018**

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or Loss |
|---|---|---|---|---|---|---|
| | Blackrock Liquidity T-Fund Institutional | $ 3,159,203 | $ - | $ 3,159,203 | $ 3,159,203 | $ - |
| | Blackrock Liquidity T-Fund Institutional | - | 2,488,996 | 2,488,996 | 2,488,996 | - |
| | Bank of America Temporary Overnight Deposit | 1,807,149 | - | 1,807,149 | 1,807,149 | |
| | Bank of America Temporary Overnight Deposit | - | 1,807,149 | 1,807,149 | 1,807,149 | - |

## SECTION XII

## ACTUARIAL COST METHODS

### Traditional Unit Credit

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

### Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

## SECTION XIII

## ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Average of fair market value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets [IRC Sec. 430(g)(3)(B)]. This method is restricted in that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the fair market value of assets over a long period of time. The expected annual rate of return is 7.80%, limited to the third segment rate under IRC Section 430.

Mandated Discount Rates

| | |
|---|---|
| 1. Minimum Contribution - segment 1 | 3.920% |
| 2. Minimum Contribution - segment 2 | 5.520% |
| 3. Minimum Contribution - segment 3 | 6.290% |
| | |
| 1. Maximum Contribution - segment 1 | 1.750% |
| 2. Maximum Contribution - segment 2 | 3.760% |
| 3. Maximum Contribution - segment 3 | 4.660% |

Plan's Effective Interest Rate: 5.560%

Financial Accounting Standards Board ASC 960 Rates:

| | |
|---|---|
| 1. FASB ASC 960 - Pre-retirement | 7.800% |
| 2. FASB ASC 960 - Post-retirement | 7.800% |

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - A.T. Cross Retirement - Employees were assumed to retire in accordance with the rates shown below:

| Age | Males | Females |
|---|---|---|
| 55 | 0.0000 | 0.0000 |
| 56 | 0.0000 | 0.0000 |
| 57 | 0.0000 | 0.0000 |
| 58 | 0.0000 | 0.0000 |
| 59 | 0.0000 | 0.0000 |
| 60 | 0.0000 | 0.0000 |
| 61 | 0.0000 | 0.0000 |
| 62 | 0.3500 | 0.3500 |
| 63 | 0.2000 | 0.2000 |
| 64 | 0.2000 | 0.2000 |
| 65 | 0.2500 | 0.2500 |
| 66 | 0.5000 | 0.5000 |
| 67 | 0.1000 | 0.1000 |
| 68 | 0.1000 | 0.1000 |
| 69 | 0.3000 | 0.3000 |
| 70 | 1.0000 | 1.0000 |

## SECTION XIII (Cont.)

Termination - A.T. Cross Withdrawal - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

| Age | Males | Females |
|---|---|---|
| 20 | 0.2200 | 0.2200 |
| 25 | 0.1700 | 0.1700 |
| 30 | 0.1300 | 0.1300 |
| 35 | 0.0800 | 0.0800 |
| 40 | 0.0500 | 0.0500 |
| 45 | 0.0400 | 0.0400 |
| 50 | 0.0300 | 0.0300 |
| 55 | 0.0200 | 0.0200 |
| 60 | 0.0100 | 0.0100 |

Pre-retirement Mortality - IRS 2018 Male Non-Annuitant and IRS 2018 Female Non-Annuitant (based on RP-2000). Sample rates are as follows:

| Age | Males | Females |
|---|---|---|
| 20 | 0.0002 | 0.0001 |
| 25 | 0.0003 | 0.0001 |
| 30 | 0.0004 | 0.0002 |
| 35 | 0.0007 | 0.0003 |
| 40 | 0.0008 | 0.0004 |
| 45 | 0.0010 | 0.0007 |
| 50 | 0.0012 | 0.0010 |
| 55 | 0.0016 | 0.0019 |
| 60 | 0.0029 | 0.0033 |

Post-retirement Mortality - IRS 2018 Male Annuitant and IRS 2018 Female Annuitant (based on RP-2000). Sample rates are as follows:

| Age | Males | Females |
|---|---|---|
| 65 | 0.0094 | 0.0091 |
| 70 | 0.0152 | 0.0148 |
| 75 | 0.0266 | 0.0230 |
| 80 | 0.0501 | 0.0385 |
| 85 | 0.0929 | 0.0666 |
| 90 | 0.1659 | 0.1222 |
| 95 | 0.2544 | 0.1850 |
| 100 | 0.3360 | 0.2316 |
| 105 | 0.3979 | 0.2931 |

## SECTION XIII (Cont.)

Rates of Disablement - A.T. Cross Disability - Rates of disablement were assumed. Sample rates are as follows:

| Age | Males | Females |
|---|---|---|
| 20 | 0.0001 | 0.0001 |
| 25 | 0.0001 | 0.0001 |
| 30 | 0.0002 | 0.0002 |
| 35 | 0.0002 | 0.0002 |
| 40 | 0.0004 | 0.0004 |
| 45 | 0.0006 | 0.0006 |
| 50 | 0.0011 | 0.0011 |
| 55 | 0.0021 | 0.0021 |
| 60 | 0.0030 | 0.0030 |

Post-Disablement Mortality - IRS 2018 Male Annuitant and IRS 2018 Female Annuitant (based on RP-2000). Sample rates are as follows:

| Age | Males | Females |
|---|---|---|
| 65 | 0.0094 | 0.0091 |
| 70 | 0.0152 | 0.0148 |
| 75 | 0.0266 | 0.0230 |
| 80 | 0.0501 | 0.0385 |
| 85 | 0.0929 | 0.0666 |
| 90 | 0.1659 | 0.1222 |
| 95 | 0.2544 | 0.1850 |
| 100 | 0.3360 | 0.2316 |
| 105 | 0.3979 | 0.2931 |

Administrative Expenses - Expenses of $ 471,100 per annum were assumed.

Percent Married - 85% of males and 55% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

| Assumption | | Entity Who Selects Assumption | Basis for Assumption Selection | Change in Assumption |
|---|---|---|---|---|
| Segment Interest Rates for Minimum Contribution | Segment 1: 3.92%<br>Segment 2: 5.52%<br>Segment 3: 6.29% | Prescribed by Internal Revenue Service (IRC Section 430(h)(2)(c )) | Chosen by 3rd party. The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates. | The segment 1, segment 2 and segment 3 interest rates changed from 4.16%, 5.72%, and 6.48%, respectively as of the prior measurement date, January 1, 2017, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2018, by 1.71%. |
| Segment Interest Rates for Maximum Contribution | Segment 1: 1.75%<br>Segment 2: 3.76%<br>Segment 3: 4.66% | Prescribed by Internal Revenue Service (IRC Section 404(o)(6)) | Chosen by 3rd party. The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. | The segment 1, segment 2 and segment 3 interest rates changed from 1.52%, 3.80%, and 4.79%, respectively as of the prior measurement date, January 1, 2017, to reflect the current prescribed rates. This change increased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2018, by 0.39%. |
| ASC 960 Interest Rate | 7.80% | A.T. Cross Company | Chosen by plan sponsor. The ASC 960 interest rate is set equal to the assumed long-term rate of return on plan assets. | None |
| Salary Scale | N/A | The Angell Pension Group | Plan benefits are frozen and do not depend on future salary. | None |
| Taxable Wage Base Increase | N/A | The Angell Pension Group | Plan benefits are frozen and do not depend on future taxable wage base. | None |
| IRC 415 and 401(a)(17) Limit Projection | N/A | The Angell Pension Group | Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits. | None |
| Pre-Retirement Mortality | 2018 IRS P.V. Non-Annuitants (Prior to TD 9826) | Prescribed by Internal Revenue Service (IRC Section 430(h)(2) for Minimum and IRC Section 404(o)(6) for Maximum) | Chosen by 3rd party. The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the RP-2000 Mortality Tables Report, adjusted for mortality improvement using Projection Scale AA. Sponsors of small plans are permitted to use a combined table that applies the same mortality rates to both annuitants and nonannuitants. | The mortality tables changed from the 2017 IRS P.V. Non-Annuitants tables as of the prior measurement date, January 1, 2017, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, increased the Funding Target Liability for Minimum and Maximum Contributions as of the current measurement date, January 1, 2018, by 0.18% and .20%, respectively. |

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

| Assumption | | Entity Who Selects Assumption | Basis for Assumption Selection | Change in Assumption |
|---|---|---|---|---|
| Post-Retirement Mortality and Disability Mortality | 2018 IRS P.V. Annuitants (Prior to TD 9826) | Prescribed by Internal Revenue Service (IRC Section 430(h)(2) for Minimum and IRC Section 404(o)(6) for Maximum) | Chosen by 3rd party. The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the RP-2000 Mortality Tables Report, adjusted for mortality improvement using Projection Scale AA. Sponsors of small plans are permitted to use a combined table that applies the same mortality rates to both annuitants and nonannuitants. | The mortality tables changed from the 2017 IRS P.V. Annuitants tables as of the prior measurement date, January 1, 2017, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, increased the Funding Target Liability for Minimum and Maximum Contributions as of the current measurement date, January 1, 2018, by 0.18% and .20%, respectively. |
| Pre-Retirement Mortality for ASC 960 | RP-2014 Employee with Scale MP-2017 Generational Improvements from 2006 (M/F) | A.T. Cross Company | Chosen by plan sponsor. The Society of Actuaries published a study of retirement experience in October, 2017. The RP-2014/MP-2017 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement through 2017. | The mortality tables changed from the RP-2014 Employee with Scale MP-2016 Generational Improvements from 2006 (M/F) as of the prior measurement date, January 1, 2017, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2018, by 0.63%. |
| Post-Retirement Mortality for ASC 960 | RP-2014 Healthy Annuitant with Scale MP-2017 Generational Improvements from 2006 (M/F); For disabled pensioners, RP-2014 Disabled Annuitant with Scale MP-2017 Generational Improvements from 2006 (M/F) | A.T. Cross Company | Chosen by plan sponsor. The Society of Actuaries published a study of retirement experience in October, 2017. The RP-2014/MP-2017 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement through 2017. | The mortality tables changed from the RP-2014 Healthy/Disabled Annuitant with Scale MP-2016 Generational Improvements from 2006 (M/F) tables as of the prior measurement date, January 1, 2017, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2018, by 0.63%. |
| Disability Rates | A.T. Cross Disability | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |
| Withdrawal Rates | A.T. Cross Withdrawal | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |
| Retirement Rates | A.T. Cross Retirement | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

| Assumption | | Entity Who Selects Assumption | Basis for Assumption Selection | Change in Assumption |
|---|---|---|---|---|
| Administrative Expenses | Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year. | The Angell Pension Group | Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year. | None |
| Age of Spouse | The female spouse is assumed to be 3 years younger than the male spouse. | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |
| Percent Married | 85% of males and 55% of females are assumed to be married. | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |
| Form of Payment | It is assumed that 100% of plan participants will elect an annuity form of payment upon their retirement. | The Angell Pension Group | This assumption was established by the prior actuary based on prior experience. It is monitored based on experience under the plan and general experience from similarly situated plans. | None |

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## 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** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
A.T. CROSS COMPANY PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/1984

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

COSTA INC.

500 GEORGE WASHINGTON HWY

SMITHFIELD RI 02917

**2b** Employer Identification Number (EIN)
05-0126220

**2c** Plan Sponsor's telephone number
401-719-2103

**2d** Business code (see instructions)
339900

**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 set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE** | EVP+CFO | 10/4/19 | Mark Williams |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | EVP+CFO | 10/4/19 | Mark Williams |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 835 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 0 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** Retired or separated participants receiving benefits | **6b** | 598 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 142 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 740 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 52 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 792 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) [ ] | Insurance | (1) [ ] | Insurance |
| (2) [ ] | Code section 412(e)(3) insurance contracts | (2) [ ] | Code section 412(e)(3) insurance contracts |
| (3) [X] | Trust | (3) [X] | Trust |
| (4) [ ] | General assets of the sponsor | (4) [ ] | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

## A.T. CROSS COMPANY PENSION PLAN
## EIN: 05-0126220
## PLAN: 003

### SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
### YEAR ENDED DECEMBER 31, 2018

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or Loss |
|---|---|---|---|---|---|---|
| | Blackrock Liquidity T-Fund Institutional | $ 3,159,203 | $ - | $ 3,159,203 | $ 3,159,203 | $ - |
| | Blackrock Liquidity T-Fund Institutional | - | 2,488,996 | 2,488,996 | 2,488,996 | - |
| | Bank of America Temporary Overnight Deposit | 1,807,149 | - | 1,807,149 | 1,807,149 | |
| | Bank of America Temporary Overnight Deposit | - | 1,807,149 | 1,807,149 | 1,807,149 | - |

# 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**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round 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
A.T. CROSS COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COSTA INC.

**D** Employer Identification Number (EIN)
05-0126220

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 31,081,797 |
| **b** Actuarial value | **2b** | 29,172,546 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 671 | 23,304,689 | 23,304,689 |
| **b** For terminated vested participants | 164 | 7,493,758 | 7,493,758 |
| **c** For active participants | 0 | 0 | 0 |
| **d** Total | 835 | 30,798,447 | 30,798,447 |

**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** 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 | **4b** | |
| **5** Effective interest rate | **5** | 5.56% |
| **6** Target normal cost | **6** | 471,100 |

**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 anticipated experience under the plan.

**SIGN HERE**

Signature of actuary

7/1/2019
Date

Susan L. Feit
Type or print name of actuary

1705484
Most recent enrollment number

THE ANGELL PENSION GROUP, INC.
Firm name

401-438-9250
Telephone number (including area code)

88 BOYD AVENUE

EAST PROVIDENCE RI 02914
Address of the firm

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 [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 4,033,472 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 4,033,472 |
| 10 Interest on line 9 using prior year's actual return of 15.50% | 0 | 625,188 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 4,969 |
| 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 5.78% | | 287 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 5,256 |
| d Portion of (c) to be added to prefunding balance | | 5,256 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 130,128 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 4,533,788 |

## Part III Funding Percentages

| | | |
|---|---|---|
| 14 Funding target attainment percentage | 14 | 80.00% |
| 15 Adjusted funding target attainment percentage | 15 | 80.00% |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 80.00% |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/12/2018 | 438,946 | 0 | | | |
| 07/11/2018 | 438,946 | 0 | | | |
| 10/09/2018 | 438,946 | 0 | | | |
| 01/08/2019 | 217,642 | 0 | | | |
| 05/14/2019 | 242,221 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1,776,701 | 18(c) 0 |

| | | |
|---|---|---|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,711,099 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.92 % | 5.52 % | 6.29% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | 21b | 4 |
| **22** Weighted average retirement age | 22 | 64 |

**23** Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ 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. | | ☐ Yes ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | | ☐ Yes ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | | ☐ Yes ☒ No |
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | 28 | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | 0 |
| **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 | | 471,100 |
| **b** Excess assets, if applicable, but not greater than line 31a | 31b | | 0 |
| **32** Amortization installments: | | Outstanding Balance | Installment |
| **a** Net shortfall amortization installment | | 6,159,689 | 1,233,876 |
| **b** Waiver amortization installment | | 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 | | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | | 1,704,976 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | 36 | 1,704,976 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 1,711,099 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 6,123 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 |
| **40** Unpaid minimum required contributions for all years | 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 ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**A.T. Cross Company Pension Plan**
**EIN: 05-0126220; Plan Number: 003**
**2018 Schedule SB, line 22 - Description of Weighted Average Retirement Age**

| (1) Age | (2) Absolute Retirement Rate | (3) Cumulative Probability of Not Having Retired | (4) Probability of Employee Age 55 Retiring at Age(x) | (5) (1) x (4) | |
|---|---|---|---|---|---|
| 55 | 0% | 100.00% | 0.00% | 0.00 | |
| 56 | 0% | 100.00% | 0.00% | 0.00 | |
| 57 | 0% | 100.00% | 0.00% | 0.00 | |
| 58 | 0% | 100.00% | 0.00% | 0.00 | |
| 59 | 0% | 100.00% | 0.00% | 0.00 | |
| 60 | 0% | 100.00% | 0.00% | 0.00 | |
| 61 | 0% | 100.00% | 0.00% | 0.00 | |
| 62 | 35% | 65.00% | 35.00% | 21.70 | |
| 63 | 20% | 52.00% | 13.00% | 8.19 | |
| 64 | 20% | 41.60% | 10.40% | 6.66 | |
| 65 | 25% | 31.20% | 10.40% | 6.76 | |
| 66 | 50% | 15.60% | 15.60% | 10.30 | |
| 67 | 10% | 14.04% | 1.56% | 1.05 | |
| 68 | 10% | 12.64% | 1.40% | 0.95 | |
| 69 | 30% | 8.85% | 3.79% | 2.62 | |
| 70 | 100% | 0.00% | 8.85% | 6.19 | |
| TOTALS: | | | 100.00% | **64.41** | * |

* Average Assumed Retirement Age

# Appendix A

## Summary of Plan Provisions

| | |
|---|---|
| *Plan Effective Date:* | January 1, 1984 |
| *Plan Entry Date:* | Effective May 20, 2006 no new participants or rehired employees shall enter the plan. Prior to May 20, 2006, all employees were eligible to participate the January 1 coincident with or next following the hire date. |
| *Vesting Service:* | 1,000 or more hours of service during a plan year. No credit is recognized for employment before January 1, 1984. |
| *Credited Service:* | 1,000 or more hours of service during a plan year. No credit is recognized for employment before January 1, 1984. Credited Service is frozen as of May 20, 2006. |
| *Accrued Benefit:* | Effective May 20, 2006 accrued benefits are frozen. Benefit Formula is 40% of Average Earnings less the Social Security Credit, prorated for less than 25 years of Credited Service. In no event will the accrued benefit be less than 20% of Average Earnings, prorated for less than 25 years of Credited Service. Social Security Credit is equal to the lesser of (i) and (ii), multiplied by (iii): (i) the average of the three most recent years of earnings (excluding earnings in excess of the Social Security Wage Base); and (ii) Social Security Covered Compensation; and (iii) 18.0% for participants born prior to 1938, 16.8% for participants born 1938-1954, 15.6% for participants born after 1954. Earnings are gross earnings during the plan year, limited by IRC 401(a)(17). Average Earnings are the average of the five consecutive years that produce the highest average. |
| *Normal Retirement:* | Eligibility is age 65. Benefit Formula is the accrued benefit. |
| *Early Retirement:* | Eligibility is age 62 with at least 5 years of Eligibility Service. Benefit is the accrued benefit if payments commence at normal retirement. If the participant elects to have payments commence at an earlier date, the benefit is reduced by 5/9ths of 1% for each month by which the early retirement date precedes the normal retirement date. |
| *Late Retirement:* | Eligibility is retirement after normal retirement age. Benefit is the accrued benefit. |
| *Vested Deferred Retirement:* | Eligibility is separation from service with at least 5 years of vesting service. Participants who were active on May 20, 2006 and participants who were involuntarily terminated during the period January 1, 2003 to May 20, 2006 are 100% vested and eligible regardless of vesting service. Benefit is the accrued benefit if payments commence at normal retirement. Terminated participants may elect commencement at age 62 or later, however the benefit will be reduced as for early retirement. |

| | |
|---|---|
| *Death Before Retirement:* | The spouse of a participant who dies with at least 5 years of vesting service is entitled to a survivor's benefit. Participants who were active on May 20, 2006 and participants who were involuntarily terminated during the period January 1, 2003 to May 20, 2006 are 100% vested and eligible regardless of vesting service. The surviving spouse's benefit shall be equal to the benefit the spouse would have received had the participant retired on the date of his death (or terminated employment and deferred retirement until his earliest possible retirement age), elected to receive benefits on the joint and 100% survivor basis (50% survivor basis if the participant died after employment termination) and then had died. |
| *Death After Retirement:* | There are no benefits paid if a participant dies after retirement unless the participant has elected an optional form of payment which provides for payments after his death. |
| *Employee Contributions:* | None. |
| *Forms of Benefit:* | The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced joint & 50% survivor annuity. Optional forms of payment include actuarially reduced joint and 50%, 75% and 100% survivor annuities |
| *Lump Sum Window:* | A lump sum window was effective for certain terminated vested participants during the period beginning October 14, 2015 and ending November 25, 2015 in accordance with the provisions of the plan amendment adopted September 30, 2015. |

# A.T. CROSS COMPANY PENSION PLAN
# EIN: 05-0126220
# PLAN: 003

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
## DECEMBER 31, 2018

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Money Market Funds and Cash: | | | |
| * | Blackrock Liquidity T-Fund Institutional | 1,112,346 shares | $ 1,112,346 | $ 1,112,346 |
| | Mutual Funds: | | | |
| | American Europacific Growth | 26,877 shares | 1,405,928 | 1,209,189 |
| | DFA U.S. Small Cap Portfolio | 42,431 shares | 1,309,405 | 1,262,328 |
| | Dodge & Cox International Stock | 33,020 shares | 1,179,755 | 1,218,775 |
| | FPA Crescent | 52,686 shares | 1,703,527 | 1,555,831 |
| | Pimco All Asset Fund Institutional | 189,908 shares | 2,281,736 | 2,079,494 |
| | Vanguard Dividend Growth | 46,396 shares | 1,009,121 | 1,134,855 |
| | Vanguard Long-Term Investment Grade | 1,129,399 shares | 10,886,377 | 10,808,351 |
| | Vanguard Total Stock Market Index | 86,385 shares | 4,463,443 | 5,364,490 |
| | Westwood Income Opportunity Institutional | 121,139 shares | 1,682,392 | 1,706,851 |
| | | | 25,921,684 | 26,340,164 |
| | | TOTAL INVESTMENTS | $ 27,034,030 | $ 27,452,510 |

* Represents a party-in-interest

## SECTION V

## AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

| Type/ Date Established | Initial Period | | Initial Amount | Remaining Period | | Remaining Amount | | Annual Payment |
|---|---|---|---|---|---|---|---|---|
| **Shortfall** | | | | | | | | |
| 01/01/2018 | 7 | $ | 815,557 | 7 | $ | 815,557 | $ | 133,140 |
| 01/01/2017 | 7 | $ | 1,914,313 | 6 | $ | 1,697,871 | $ | 314,353 |
| 01/01/2016 | 7 | $ | 4,759,514 | 5 | $ | 3,646,261 | $ | 786,383 |
| | | | | | | --- | | --- |
| Totals | | | | | $ | 6,159,689 | $ | 1,233,876 |