Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NASSAU CANDY PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/2002

2a Plan sponsor's name and address (employer, if for single-employer plan)
NASSAU CANDY DISTRIBUTORS, INC.

530 WEST JOHN STREET
HICKSVILLE, NY 11801-1039

2b Employer Identification Number (EIN) 13-3203250

2c Plan sponsor's telephone number 516-433-7100

2d Business code (see instructions) 424400

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
NASSAU CANDY DISTRIBUTORS, INC. 530 WEST JOHN STREET
HICKSVILLE, NY 11801-1039

3b Administrator's EIN 13-3203250

3c Administrator's telephone number 516-433-7100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	76
b Total number of participants at the end of the plan year	**5b**	87
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	2669159	3880555
b Total plan liabilities	**7b**	0	0
c Net plan assets (subtract line 7b from line 7a)	**7c**	2669159	3880555

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	1050123	
(2) Participants	**8a(2)**	0	
(3) Others (including rollovers)	**8a(3)**	0	
b Other income (loss)	**8b**	311007	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		1361130
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	125122	
e Certain deemed and/or corrective distributions (see instructions)	**8e**	0	
f Administrative service providers (salaries, fees, commissions)	**8f**	0	
g Other expenses	**8g**	24612	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		149734
i Net income (loss) (subtract line 8h from line 8c)	**8i**		1211396
j Transfers to (from) the plan (see instructions)	**8j**	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		2384
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2011	LESLEY STIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2011	LESLEY STIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **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
NASSAU CANDY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NASSAU CANDY DISTRIBUTORS, INC.

D Employer Identification Number (EIN)
13-3203250

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 30 Year 2010

2 Assets:

a	Market value	**2a**	2829029
b	Actuarial value	**2b**	2829029

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	38	70266
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		4772
	(2) Vested benefits	**3c(2)**		2379294
	(3) Total active	**3c(3)**	46	2384066
d	Total	**3d**	84	2454332

4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.32 %
6	Target normal cost	**6**	455694

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

07/01/2011
Date

ALEX GALINSKY
Type or print name of actuary

11-06045
Most recent enrollment number

IMPROVED FUNDING TECHNQIUES INC.
Firm name

516-887-4433
Telephone number (including area code)

211 BROADWAY
LYNBROOK, NY 11563
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 (Item 13 from prior year)	1263	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	1263	0
10	Interest on item 9 using prior year's actual return of 1.49 %	19	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		432072
b	Interest on (a) using prior year's effective rate of 6.56 %		0
c	Total available at beginning of current plan year to add to prefunding balance		432072
d	Portion of (c) to be added to prefunding balance		432072
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	1282	432072

Part III Funding percentages

14	Funding target attainment percentage	14	96.85 %
15	Adjusted funding target attainment percentage	15	132.00 %
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	115.55 %
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
06/16/2010	33831	0	09/23/2010	4975	0
06/23/2010	4975	0	10/28/2010	16916	0
07/04/2010	16915	0	01/18/2011	75000	0
08/07/2010	1907	0	02/07/2011	96890	0
08/10/2010	50000	0	03/17/2011	75000	0
09/03/2010	1824	0	04/20/2011	21890	0
			Totals ► 18(b)	1050123	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 contribution 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	1018683

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 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

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 (Item 13 from prior year)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		
	b Interest on (a) using prior year's effective rate of _____%		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)		

Part III Funding percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
04/29/2011	50000	0			
06/07/2011	300000	0			
06/08/2011	200000	0			
06/10/2011	100000	0			
			Totals ► 18(b)		18(c)

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 contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.29 %	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 57

23 Mortality table(s) (see instructions) ☒ 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 eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		455694
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter 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 (item 31 + item 32a + item 32b – item 33)	**34**		455694

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1363	1	1364

36 Additional cash requirement (item 34 minus item 35)	**36**	454330
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1018683
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	564353
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	

NASSAU CANDY
PENSION PLAN
EIN# 13-3203250
PLN# 002

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Date	Amount	Year Applied to	Applicable Effective Interest Rate	Interest-Adjusted Contribution
06/16/10	33,831	2009	6.32%	34,438
07/04/10	16,915	2009	6.32%	17,167
06/23/10	4,975	2009	6.32%	5,058
08/07/10	1,907	2009	6.32%	1,924
08/10/10	50,000	2009	6.32%	50,430
09/03/10	1,824	2009	6.32%	1,832
09/23/10	4,975	2009	6.32%	4,981
10/28/10	16,916	2009	6.32%	73,628
01/28/11	75,000	2009	6.32%	73,628
02/07/11	96,890	2009	6.32%	94,798
03/17/11	75,000	2009	6.32%	72,914
04/20/11	21,890	2009	6.32%	21,160
04/29/11	50,000	2009	6.32%	48,260
06/07/11	300,000	2009	6.32%	287,668
06/08/11	200,000	2009	6.32%	191,747
06/10/11	100,000	2009	6.32%	95,841

NASSAU CANDY
PENSION PLAN
EIN# 13-3203250
PLN# 002

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Rate of Retirement
57	100%

The methodology used to compute the weighted average retirement was to add up each active participant's Assumed Retirement Age and divide by the number of active participants.

NASSAU CANDY
PENSION PLAN
EIN# 13-3203250
PLN# 002

Schedule SB, Part V – Summary of Plan Provisions
As of September 30, 2010

Plan Effective Date	October 1, 2002
Plan Year	From October 1 to September 30
Eligibility	All employees not excluded by class are eligible to enter on the October 1 or April 1 coincident with or following the completion of the following requirements: 1 Year of service All employees other than Patrick Adames, Lizbet Aguirre, Cecilio Argueta, Maria Barragan, Francisco Benitez, Livia Cajamarca, Rosa Cajamarca, Carlos Cayllahua, Jose A. Cruz, Esly Delcid, Jacqueline Drew, Tinesha Drew, Kevin Evans, Reyna Evans, Guadalupe Flores, Victor Galeas, Cledis Garcia, Aurora Giron, Ali Gonzalez Vasquez, Gloria Granados, Robert Herbst, Guadalupe Hernandez, Olivia Hernandez, Altagracia Holguin, Swaran Kaur, Maricela Lopez, Doris Martinez, Guadalupe Maza, Mario Martinez, Tara Mazzella, Gustavo Miranda, Antoinette Mitchell, Franklin Padilla, Roosevelt Parker, Jose Paz, Maria Pena, Margarita Perez, Juanita Pettway, Tania Pina, Araceli Ramos, Erika Rey, Marilyn E. Richter, Edgar Rivera, Jaime Rojas, Carlos Romero, Barry Rosenbaum, Amada Sanchez, Rogelio Solano, Lesley Stier, Tefta Sula, Lorena Torres, Paulino Torres, Orfa Eliza Turcios, Victor Vaquerano, Maria Vasquez, Bilmer Velasquez, Eduardo Velasquez, Ronal Velasquez, Lamar Walter, Janeth Zagoza and Paula Zamora shall not be eligible to participate in the Plan
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 57 Completion of 5 years of participation

NASSAU CANDY
PENSION PLAN
EIN# 13-3203250
PLN# 002

Schedule SB, Part V – Summary of Plan Provisions
As of September 30, 2010

Normal Retirement Benefit	Upon attainment of normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: .5 Percent times credited years Notwithstanding the above: Maria Barragan, Elsy Delcid, Tinesha Drew, Aurora Giron, Olivia Hernandez, Guadalupe Maza, Gustavo Miranda, Tania Pina, Barry Rosenbaum, Rogelio Solano, Lesley Stier and Orfa Eliza Turcios shall receive 5.9 Percent times credited years Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following: Years with less than 1000 hours with a maximum of 10 years The benefit is based on average salary during the highest 5 consecutive years of employment excluding years prior to the year of entry
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	Unit Benefit Method Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following: Years with less than 1000 hours
Termination Benefit	Upon termination for any reason other than death, disability or retirement, a participant

shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date
Years with less than 1000 hours

Death Benefit

Proceeds of any insurance policies on the life of the participant plus the actuarial equivalent of the accrued benefit earned to date of death less the cash value of such policies

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

► **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 NASSAU CANDY PENSION PLAN	**B** Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ NASSAU CANDY DISTRIBUTORS, INC.	**D** Employer Identification Number (EIN) 13-3203250

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 30 Year 2010

2	Assets:			
a	Market value		**2a**	2,829,029
b	Actuarial value		**2b**	2,829,029
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	38	70,266
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		4,772
	(2) Vested benefits	**3c(2)**		2,379,294
	(3) Total active	**3c(3)**	46	2,384,066
d	Total	**3d**	84	2,454,332
4	If the plan is at-risk, 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 at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.32
6	Target normal cost		**6**	455,694

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 opion, 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

A. G. — Signature of actuary

7/1/11 — Date

ALEX GALINSKY — Type or print name of actuary

11-06045 — Most recent enrollment number

IMPROVED FUNDING TECHNQIUES INC. — Firm name

(516) 887-4433 — Telephone number (including area code)

211 BROADWAY

US LYNBROOK NY 11563 — 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 (item 13 from prior year)	1,263	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	1,263	0
10 Interest on item 9 using prior year's actual return of 1.49 %	19	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		432,072
b Interest on (a) using prior year's effective rate of 6.56 %		0
c Total available at beginning of current plan year to add to prefunding balance		432,072
d Portion of item (c) to be added to prefunding balance		432,072
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,282	432,072

Part III Funding percentages

14 Funding target attainment percentage	14	96.85 %
15 Adjusted funding target attainment percentage	15	132.00 %
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	115.55 %
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 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
06/16/2010	33,831		01/18/2011	75,000	
06/23/2010	4,975		02/07/2011	96,890	
07/04/2010	16,915		03/17/2011	75,000	
08/07/2010	1,907		04/20/2011	21,890	
08/10/2010	50,000		04/29/2011	50,000	
09/03/2010	1,824		06/07/2011	300,000	
09/23/2010	4,975		06/08/2011	200,000	
10/28/2010	16,916		06/10/2011	100,000	
			Totals ► 18(b)	1,050,123	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 contribution 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	1,018,683

20 Quarterly contributions and liquidity shortfall(s):

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

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

c If 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:	1st segment	2nd segment	3rd segment	☐ N/A, full yield curve used
	4.60 %	6.29 %	6.46 %	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	57

23 Mortality table(s) (see instructions) ☒ 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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	455,694

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter 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 (item 31 + item 32a + item 32b - item 33)	34	455,694

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	1,363	1	1,364

36 Additional cash requirement (item 34 minus item 35)	36	454,330
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	1,018,683
38 Interest-adjusted excess contributions for current year (see instructions)	38	564,353
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

NASSAU CANDY
PENSION PLAN
EIN# 13-3203250
PLN# 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
As of September 30, 2010

Actuarial Cost Method	Under the provisions of the Pension Protection Act of 2006 (PPA), a single Actuarial Cost Method is prescribed for the annual determination of the range of acceptable Employer contributions for all tax-qualified defined benefit retirement plans subject to the funding requirements of IRC §430 as added by PPA. Under this method, the actuarially determined present value of benefits accrued as of the beginning of the plan year, referred to as the 'Funding Target', is determined on the valuation date. The value of additional benefits accrued or expected to be accrued during the plan year, known as the 'Target Normal Cost' is also determined. Simply stated, and unless the plan is considered fully funded, the Employer's minimum funding requirement for the year consists of the Target Normal Cost along with a payment toward amortizing any shortfall between the Funding target and the adjusted actuarial value of the Plan's assets.
Asset Valuation Method	Market Value
Actuarial Assumptions	
Interest: Based upon anticipated date of benefit payment measured from the valuation date	
Within the first 5 years	4.60%
Beyond 5, not more then 20 years	6.29%
More than 20 years	6.46%
Mortality:	
Pre-retirement	None
Post-retirement	2009 Static Combined Mortality Table for Small Plans for Males and for Females
Assumed Retirement Age	Normal Retirement Age, or end of current plan year, if later
Form of Benefit Payment	Joint and 100% Survivor Life Annuity
Pre-retirement Withdrawal	None
Salary Increases	None

NASSAU CANDY
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
As of September 30, 2010

Disability Incidence	None
Expenses	Assumed to be paid outside of the trust fund

NASSAU CANDY
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SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

AGE SERVICE ANALYSIS

AGE/ SVC	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	TOTAL
0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	1	1	0	0	2
3	4	3	0	0	0	0	0	0	0	0	7
4	2	1	0	0	0	0	0	0	0	0	3
5	0	4	1	0	0	0	0	0	0	0	5
6-10	0	5	6	1	1	3	0	0	0	0	16
11-15	0	0	0	2	3	3	3	0	0	0	11
16-20	0	0	0	0	0	0	1	0	0	0	1
21-25	0	0	0	0	1	0	1	0	0	0	2
26+	0	0	0	0	0	0	1	0	0	0	1
TOTAL	6	13	7	3	5	6	7	1	0	0	