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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

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
EASTER UNLIMITED, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2002

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

80 VOICE ROAD
CARLE PLACE, NY 11514

2b Employer Identification Number (EIN) 13-1983343

2c Plan sponsor's telephone number 516-873-9000

2d Business code (see instructions) 424990

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
EASTER UNLIMITED, INC. 80 VOICE ROAD
CARLE PLACE, NY 11514

3b Administrator's EIN 13-1983343

3c Administrator's telephone number 516-873-9000

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**	114
b Total number of participants at the end of the plan year	**5b**	112
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**	5269978	6328072
b Total plan liabilities	**7b**		
c Net plan assets (subtract line 7b from line 7a)	**7c**	5269978	6328072

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	1166735	
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**	6313	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		1173048
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	114954	
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**		
g Other expenses	**8g**		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		114954
i Net income (loss) (subtract line 8h from line 8c)	**8i**		1058094
j Transfers to (from) the plan (see instructions)	**8j**		

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:
1C 1G

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		1000000
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	
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.	08/13/2012	KEVIN KURTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

▶ **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
EASTER UNLIMITED, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-1983343

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

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

Part I Basic Information

1	Enter the valuation date: Month 11 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		5269978
b	Actuarial value	**2b**		5240487
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**	9	9636
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		40910
	(2) Vested benefits	**3c(2)**		6119746
	(3) Total active	**3c(3)**	105	6160656
d	Total	**3d**	114	6170292
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**		6.09 %
6	Target normal cost	**6**		785494

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

07/31/2012
Signature of actuary — Date

STEVEN I. ALIN — 11-02390
Type or print name of actuary — Most recent enrollment number

PENSION DESIGN SERVICES, INC. — 631-501-9800
Firm name — Telephone number (including area code)

330 SOUTH SERVICE ROAD, SUITE 121
MELVILLE, NY 11747
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)	0	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)	0	0
10	Interest on item 9 using prior year's actual return of 4.00 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		11610
	b Interest on (a) using prior year's effective rate of 6.62 %		769
	c Total available at beginning of current plan year to add to prefunding balance		12379
	d Portion of (c) to be added to prefunding balance		12379
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)	0	12379

Part III Funding percentages

14	Funding target attainment percentage	14	84.73 %
15	Adjusted funding target attainment percentage	15	84.73 %
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	88.21 %
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
02/29/2012	1166735				
			Totals ► 18(b)	1166735	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	1057909

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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
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:	
3.61 %	6.20 %	6.53 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 1

22 Weighted average retirement age **22** 65

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** 785494

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	695372	113981
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** 899475

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 899475

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1057909

38 Interest-adjusted excess contributions for current year (see instructions) **38** 158434

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

Attachment to 2010 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Easter Unlimited, Inc. Cash Balance Plan **EIN:** 13-1983343
Plan Sponsor's Name Easter Unlimited, Inc. **PN:** 002

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
02/29/2012	1,166,735	2010	6.09	1,057,909

Attachment to 2010 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Easter Unlimited, Inc. Cash Balance Plan **EIN:** 13-1983343
Plan Sponsor's Name Easter Unlimited, Inc. **PN:** 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	225,247	11/01/2009	6	36,921
Shortfall	469,469	11/01/2010	7	76,952

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	4	0	5	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
40 to 44	1	0	5	0	2	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0
45 to 49	0	0	6	0	2	0	1	0	1	0	3	0	0	0	0	0	0	0	0	0
50 to 54	0	0	5	0	5	0	3	0	0	0	1	0	1	0	0	0	0	0	0	0
55 to 59	0	0	9	0	5	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	3	0	5	0	3	0	3	0	0	0	1	0	0	0	0	0
65 to 69	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
70 & Up	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Name of plan: Easter Unlimited, Inc. Cash Balance Plan
Plan sponsor's name: Easter Unlimited, Inc.

Plan number: 002
EIN: 13-1983343

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

▶ **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

Easter Unlimited, Inc. Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

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

Easter Unlimited, Inc.

D Employer Identification Number (EIN)

13-1983343

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

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

Part I Basic Information

1 Enter the valuation date: Month 11 Day 1 Year 2010

2 Assets:

a	Market value	2a	5,269,978
b	Actuarial value	2b	5,240,487

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	9	9,636
c	For active participants:			
	(1) Non-vested benefits	3c(1)		40,910
	(2) Vested benefits	3c(2)		6,119,746
	(3) Total active	3c(3)	105	6,160,656
d	Total	3d	114	6,170,292

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	6.09 %
6	Target normal cost	6	785,494

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

7.31.2012
Date

Steven I. Alin
Type or print name of actuary

11-02390
Most recent enrollment number

Pension Design Services, Inc.
Firm name

(631)501-9800
Telephone number (including area code)

330 South Service Road, Suite 121

Melville NY 11747
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)	0	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)	0	0
10	Interest on item 9 using prior year's actual return of 4.00 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		11,610
	b Interest on (a) using prior year's effective rate of 6.62 %		769
	c Total available at beginning of current plan year to add to prefunding balance		12,379
	d Portion of (c) to be added to prefunding balance		12,379
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)	0	12,379

Part III Funding percentages

14	Funding target attainment percentage	14	84.73 %
15	Adjusted funding target attainment percentage	15	84.73 %
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	88.21 %
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
02/29/2012	1,166,735				
			Totals ► 18(b)	1,166,735	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	1,057,909

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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
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:	
3.61 %	6.20 %	6.53 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 1

22 Weighted average retirement age — **22**: 65

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**: 785,494

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	695,372	113,981
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**: 899,475

35 Balances used to offset funding requirement

Carryover balance	Prefunding balance	Total balance
0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 899,475

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 1,057,909

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 158,434

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

EASTER UNLIMITED, INC.
CASH BALANCE PLAN

Defined Benefit Pension Plan Specifications

Effective Date:	November 1, 2002
Valuation Date:	November 1, 2010
Eligibility Requirements	(A) Minimum months of service: 12 (B) Minimum age: None (C) Maximum age: None (D) Participant enters plan on entry date nearest completion of eligibility requirements (E) Entry Date: November 1
Normal Retirement Age	(A) Plan anniversary nearest age 65 or 5 years of participation, if later
Benefit Formula:	The amount of retirement benefit to be provided to each participant at this Normal Retirement Date shall be equal to the benefit, which can be provided by the Participant's Cash Balance Account. The Cash Balance Account shall be the sum of all Theoretical Contributions plus interest credited at 5 ½% Interest Rate for each Plan Year. Theoretical Contribution shall mean the percentage of Plan Year Compensation as determined below: 1. For the President the percentage shall be 75% of pay. 2. For the Vice President of Sales & Marketing, the percentage shall be 30%. 3. For all other Participants, the percentage shall be 14%. All contributions subject to 415 limitation
Top Heavy Minimums:	In a top heavy year, the Accrued Benefit derived from Employer Contributions shall not be less than 2% of the average 5 highest consecutive limitation year "415" Compensation. No more than 10 Plan Years of Service will be applied toward Top Heavy Minimum Accrued Benefits. The plan is not Top Heavy for the plan year beginning November 1, 2010.
Salary Averaging	Average high 3 consecutive salaries

EASTER UNLIMITED, INC.
CASH BALANCE PLAN

Defined Benefit Pension Plan Specifications

Maximum Salary

Maximum Current Salary: $ 245000
Maximum Projected Salary: $ 245000

Type of Annuity

Life Annuity

Vesting Schedule

YR.	%	YR.	%
1	0	4	100
2	0	5	200
3	100	6	100

Vesting based upon participation
Service prior to effective date excluded

Top-Heavy Vesting Schedule

In top heavy years, the greater of the schedule above or this schedule shall apply.

YR	%	YR	%	YR	%
1	0	3	40	5	80
2	20	4	60	6	100

Top-Heavy Status

This plan has been determined not to be Top-Heavy for the current plan year.

EASTER UNLIMITED, INC.
CASH BALANCE PLAN

Defined Benefit Pension Plan
Actuarial Assumptions

Stability Period	1 month preceding valuation date
Actuarial Assumptions	Pre & Post Retirement
	(A) Segment I Interest Rate 3.61% Segment II Interest Rate 6.20% Segment III Interest Rate 6.53%
	(B) Mortality: 2010 Combined Mortality Table for small plans (Male/Female)
Actuarial Equivalence And Present Value of Accrued Benefit	Plan Rates
	Pre Retirement
	(A) Interest: 5.5% (B) Mortality: None
	Post Retirement
	(A) Interest: 5.5% (B) Mortality: GAR'94
Asset Valuation Method	Assets are valued at market.
Death Benefit	Ancillary cost applied to Funding Target.
Assumed Lump Sum Frequency	100%
Salary Scale	None
Turnover	None