

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>09/01/2011</u> and ending <u>08/31/2012</u>		
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
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 Check box if filing under:	☒ Form 5558	☐ automatic extension ☐ DFVC program
	☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</u>	1b Three-digit plan number (PN) ►	<u>001</u>
	1c Effective date of plan	<u>02/01/1950</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>EASTER SEALS CENTRAL AND SOUTHEAST OHIO</u> <u>3830 TRUEMAN COURT</u> <u>HILLIARD, OH 43026</u>	2b Employer Identification Number (EIN)	<u>31-4379471</u>
	2c Sponsor's telephone number	<u>614-228-5523</u>
	2d Business code (see instructions)	<u>813000</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>DOROTHY M. MOSER</u> <u>EASTER SEALS, INC.</u>	3b Administrator's EIN	<u>36-2171729</u>
<u>233 SOUTH WACKER DRIVE, SUITE 2400</u> <u>CHICAGO, IL 60606</u>	3c Administrator's telephone number	<u>312-726-6200</u>
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. a Sponsor's name	4b EIN	
	4c PN	
5a Total number of participants at the beginning of the plan year	5a	<u>94</u>
b Total number of participants at the end of the plan year.....	5b	<u>94</u>
c 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.) ☒ 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.)..... ☒ 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	<u>1622700</u>	<u>1796906</u>
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	<u>1622700</u>	<u>1796906</u>
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	<u>122598</u>	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	<u>182814</u>	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>305412</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>65914</u>	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions)	8f	<u>57314</u>	
g Other expenses.....	8g	<u>7978</u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		<u>131206</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i		<u>174206</u>
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:

1A 1G 1I

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**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		180000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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)). ☒ 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 ☒ 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 in any plan year? ☐ Yes ☒ 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 ☒ 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.	06/13/2013	DOROTHY M. MOSER
	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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012

▶ **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 <u>PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EASTER SEALS CENTRAL AND SOUTHEAST OHIO</u>	D Employer Identification Number (EIN) <u>31-4379471</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>1621841</u>
b Actuarial value	2b <u>1621841</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>19</u> <u>791489</u>
b For terminated vested participants	3b <u>67</u> <u>1023050</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>163484</u>
(3) Total active	3c(3) <u>8</u> <u>163484</u>
d Total	3d <u>94</u> <u>1978023</u>
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 <u>5.77 %</u>
6 Target normal cost	6 <u>59000</u>

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		<u>06/12/2013</u>
	Signature of actuary	Date
<u>KATHLEEN E. MANNING, F.S.A.</u>		<u>11-03050</u>
	Type or print name of actuary	Most recent enrollment number
<u>MWM CONSULTING GROUP</u>		<u>312-987-4500</u>
	Firm name	Telephone number (including area code)
<u>55 E. JACKSON BLVD., SUITE 1000</u> <u>CHICAGO, IL 60604-2254</u>		
	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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>4.90</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.53</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	81.99 %
15 Adjusted funding target attainment percentage	15	81.99 %
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	88.69 %
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
12/15/2011	29789	0			
03/14/2012	29789	0			
05/14/2012	12	0			
06/13/2012	29789	0			
09/14/2012	29789	0			
05/13/2013	3430	0			
Totals ▶			18(b)	122598	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	117961

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: 2.38%	2nd segment: 5.51%	3rd segment: 6.36 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
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 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	59000										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>356182</td> <td>58961</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	356182	58961	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	356182	58961										
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	117961										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	117961										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	117961										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:	
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
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

**Schedule SB, Line 26, Schedule of Active Participant Data as of
September 1, 2011**

**PENSION PLAN FOR EMPLOYEES OF
EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO**

EIN/PN: 31-4379471 / 001

Age Group	Service									Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 -34	35 -39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	1	1	0	0	0	0	0	0	2
35 - 39	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	0	0	0	0
50 - 54	0	0	2	1	0	1	0	0	0	4
55 - 59	0	0	0	0	0	0	0	0	0	0
60 - 64	0	0	0	0	0	0	0	0	0	0
65 - 69	0	0	0	2	0	0	0	0	0	2
70 & Over	0	0	0	0	0	0	0	0	0	0
Total	0	1	3	3	0	1	0	0	0	8

Schedule SB, Part V, Summary of Actuarial Assumptions / Methods

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events, some of which are mandated assumptions. Certain provisions may be approximated or deemed immaterial and therefore are not valued. Assumptions may be made about participant data or other factors.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience and should not imply precision, which is not inherent in actuarial calculations.

Actuarial Assumption Item	Annual Actuarial Valuation	FAS 35 Plan Reporting																								
Interest	Effective Rate: 5.77% Segment Rates: Years under 5: 2.38% Years 5 through 20: 5.51% Years above 20: 6.36%	Pre-retirement– 7.5% per annum Post retirement– 7.5% per annum																								
Mortality	IRS 2011 Optional Combined Table for Small Plans (Males/Females)	Same as Annual Valuation																								
Retirement	Rates of retirement are based upon age only. <table><tr><td>Age</td><td>Rate</td><td>Age</td><td>Rate</td></tr><tr><td>55</td><td>5.00%</td><td>59</td><td>9.00%</td></tr><tr><td>56</td><td>6.00%</td><td>60</td><td>10.00%</td></tr><tr><td>57</td><td>7.00%</td><td>61</td><td>10.00%</td></tr><tr><td>58</td><td>8.00%</td><td>62</td><td>100.00%</td></tr></table>	Age	Rate	Age	Rate	55	5.00%	59	9.00%	56	6.00%	60	10.00%	57	7.00%	61	10.00%	58	8.00%	62	100.00%	Same as Annual Valuation				
Age	Rate	Age	Rate																							
55	5.00%	59	9.00%																							
56	6.00%	60	10.00%																							
57	7.00%	61	10.00%																							
58	8.00%	62	100.00%																							
Withdrawal	Rates of termination are based upon age and service. Sample rates for selected ages and service based factors applied to rates are shown. <table><tr><td>Age</td><td>Rate</td><td>Service</td><td>Factor</td></tr><tr><td>25</td><td>11.62%</td><td>Under 2</td><td>5.00</td></tr><tr><td>30</td><td>11.21%</td><td>2 to 3</td><td>4.00</td></tr><tr><td>40</td><td>9.40%</td><td>3 to 4</td><td>3.00</td></tr><tr><td>50</td><td>4.83%</td><td>4 to 5</td><td>2.00</td></tr><tr><td>55</td><td>0.00%</td><td>Over 5</td><td>1.00</td></tr></table>	Age	Rate	Service	Factor	25	11.62%	Under 2	5.00	30	11.21%	2 to 3	4.00	40	9.40%	3 to 4	3.00	50	4.83%	4 to 5	2.00	55	0.00%	Over 5	1.00	Same as Annual Valuation
Age	Rate	Service	Factor																							
25	11.62%	Under 2	5.00																							
30	11.21%	2 to 3	4.00																							
40	9.40%	3 to 4	3.00																							
50	4.83%	4 to 5	2.00																							
55	0.00%	Over 5	1.00																							
Salary Increase	None assumed.	Same as Annual Valuation																								

Future Expenses

Estimated annual administrative expenses were added to the Target Normal Cost.

Asset Valuation Method

Assets are equal to the trust value plus discounted receivable contributions as of the valuation date. Market Value of Assets

Actuarial Cost Methods

Unit Credit Accrued Benefit Cost Method
(For Determining the Minimum and Maximum Permissible Contributions)

Same as Annual Valuation

This is the mandated actuarial method to be used in determining contribution requirements and limits under the Pension Protection Act of 2006. This method determines the present value of benefits accrued to date under the provisions of the plan and ignores any further benefit accruals through salary and service increases.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012▶ **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 PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EASTER SEALS CENTRAL AND SOUTHEAST OHIO	D Employer Identification Number (EIN) 31-4379471
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	1621841
b Actuarial value	2b	1621841
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 19	791489
b For terminated vested participants	3b 67	1023050
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	163484
(3) Total active.....	3c(3) 8	163484
d Total.....	3d 94	1978023
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	5.77%
6 Target normal cost	6	59000

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		<u>6/12/2013</u>
KATHLEEN E. MANNING, F.S.A.		Date 1103050
Type or print name of actuary		Most recent enrollment number 312-987-4500
MWM CONSULTING GROUP		Telephone number (including area code)
Firm name		
55 E. JACKSON BLVD., SUITE 1000		
CHICAGO IL 60604-2254		
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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

21 Discount rate:			
a Segment rates:	1st segment: 2.38%	2nd segment: 5.51%	3rd segment: 6.36%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		61
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 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	59000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	356182	58961	
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	117961	
	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	117961	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	117961	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
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		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Line 22, Description of Weighted Average Retirement Age

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

Line 22: The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\sum_{t=0}^{FRA-ERA} ({}_t^p ERA) * (qr ERA + t) * (ERA + t + \frac{1}{2})$$

Note (1)

$$\sum_{t=0}^{FRA-ERA} ({}_t^p ERA) * (qr ERA + t)$$

Note (1) the $\frac{1}{2}$ in the formula shown above is not used for $t = FRA - ERA$.

In the formula shown above ${}_t^p ERA$ is calculated using all of the decrements, and the $qr ERA + t$ represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Schedule SB, Part V, Summary of Plan Provisions

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

This summary provides a general description of the major eligibility and benefit provisions of the pension plan upon which this valuation has been based. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Effective Date

The Pension Trust for Employees of the National Easter Seal Society was established effective as of February 1, 1950. The plan has been amended from time to time, and was amended and entirely restated effective as of September 1, 1985, at which time it was renamed the Pension Plan for Employees of The National Easter Seal Society. The plan name was changed to Pension Plan for Employees of Easter Seals, Inc., effective July 1, 2000. Participation and benefit accruals were frozen for Central and Southeast Ohio members as of 2003.

Eligibility

Any employee becomes a participant following completion of one year of service (during which he has completed at least 1,000 hours of service) and attainment of age 21. Employees under age 21 become eligible after completing 1,700 hours of service during a 12-month period commencing either on his hire date or on the first day of any plan year following his date of hire.

Normal Retirement Date (NRD)

The first day of the calendar month coinciding with or next following the date the participant attains age 65 years.

Normal Retirement Benefit

A Participant's Normal Retirement Benefit will be equal to:

1.25% of Final Average Earnings up to 1/3 of the Annual Covered Compensation, plus
1.55% of any excess of Final Average Earnings over 1/3 of Annual Covered Compensation
multiplied by service.

Social Security Covered Compensation Table (Frozen 6/1/2003)

The Social Security Covered compensation amount is used in the plan formula and was frozen as of 6/1/2003. The amount is based upon the projected average maximum social security taxable wage bases measured over an employees working career, based upon his year of birth, determined using the beginning of plan year table.

Normal Form of Retirement Income

The standard form of retirement income is a benefit payable monthly for the life of the participant. Participants with an eligible spouse, who do not elect otherwise, will receive an actuarially reduced income payable for their lifetime with 50% of such reduced income payable upon their death to their spouse for life.

Early Retirement Date (ERD)

A participant is eligible for Early Retirement after he attains age 55 and completes 5 years of service.

Early Retirement Benefit

A participant is eligible for Early Retirement after he attains age 55 and completes 5 years of service. The amount is reduced by 5/12 of 1% for each month by which the commencement date precedes the participant attainment of age 62.

Vesting Schedule

The participant's vested percentage is

- 0 % prior to the date on which he has completed 5 years of service and
- 100%, thereafter.

Death Benefits

If a participant has an eligible spouse and is eligible for early retirement under the plan provisions, an annuity will be payable to the spouse. The benefit payable will be equal to 50% of the amount which would have been payable to the participant had he retired, on the date prior to the date of death, under the Qualified Joint and 50% Survivor Form.

Upon the death of a vested participant not eligible for early retirement, the spouse will be eligible for a deferred monthly benefit. The amount of the benefit will be equal to 50% of the amount which would have been payable to the participant if he had survived until he was first eligible to retire, and had elected a Qualified Joint and 50% Survivor form of benefit. The benefit commences on the date that the participant could have first elected retirement, providing the spouse has survived.

Selected Regulatory Limits

- Maximum Annual Benefit Payable from Plan : \$195,000
- Maximum Compensation Allowable for Consideration in determining Benefits \$245,000
- Highly Compensated Employee :
 - 5% owner at any time during the plan year or the preceding plan year; or,
 - Employee with compensation for preceding year in excess of \$110,000 (in the top 20% ranked by compensation in prior years).

Schedule SB, Line 32a, Schedule of Amortization Payments

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

Item	Unfunded Accrued Liability		Amortization Payment		Outstanding Balance on 9/1/2011
	Amount	Established	Remain- ing Periods	Payment on 9/1	
2008 Shortfall Amortization Base	\$ 400,433	9/1/2008	4 yrs.	\$ 66,899	\$ 258,409
2009 Shortfall Amortization Base	\$ (83,351)	9/1/2009	5 yrs.	\$ (14,064)	\$ (67,126)
2010 Shortfall Amortization Base	\$ (29,973)	9/1/2010	6 yrs.	\$ (4,980)	\$ (27,577)
2011 Shortfall Amortization Base	\$ 192,476	9/1/2011	2+7 yrs.*	<u>\$ 11,106**</u>	<u>\$ 192,476</u>
				\$ 58,961	\$ 356,182

* Two plus Seven Funding Relief elected for 2011.

** Years 2011-2012: \$11,106

Years 2013-2019: \$30,321

Schedule SB, Line 32a, Schedule of Amortization Payments

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.

EIN/PN: 31-4379471 / 001

The Plan Sponsor elected to use the alternative 2 plus 7 year amortization schedule for the plan year beginning on September 1, 2011 and ending on August 31, 2012. The Plan sponsor directed the Plan Actuary to amortize the shortfall amortization base established for the plan year beginning on September 1, 2011 and ending on August 31, 2012 under the 2 plus 7 year alternative amortization schedule in place of the 7 year amortization schedule.

Per requirements the plan sponsor notified the PBGC and plan participants and beneficiaries pursuant to section 430(c)(2)(D)(vi) of the Code and ERISA section 303(c)(2)(D)(vi).