

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div>  <b>This Form is Open to Public Inspection</b>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2008</span> and ending <span style="color: blue;">12/31/2008</span>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
<b>1a</b> Name of plan <span style="color: blue;">JUVEN'S, INC. DEFINED BENEFIT PLAN</span>	<b>1b</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>	
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)  <span style="color: blue;">JUVENS, INC</span>   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <span style="color: blue;">1400 BROADWAY ROOM 800 NEW YORK, NY 10018-5280</span> </div> <div style="width: 45%;"> <span style="color: blue;">1400 BROADWAY ROOM 800 NEW YORK, NY 10018-5280</span> </div> </div>		<b>1c</b> Effective date of plan <span style="color: blue;">01/01/2004</span>	<b>2b</b> Employer Identification Number (EIN) <span style="color: blue;">13-3293236</span>
		<b>2c</b> Sponsor's telephone number	<b>2d</b> Business code (see instructions)

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2009)**  
**v.092307.1**

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") JUVENS INC  1400 BROADWAY ROOM 800 NEW YORK, NY 10018-5280	<b>3b</b> Administrator's EIN 13-3293236  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b>
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of 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 6047(e),  
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with  
the instructions to the Form 5500.Official Use Only  
OMB Nos. 1210-0110  
1210-0089**2008****This Form is Open to  
Public Inspection.****Part I Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 01/01/2008, and ending 12/31/2008,

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

**Part II Basic Plan Information** — enter all requested information.

<b>1a</b> Name of plan JUVEN'S, INC. DEFINED BENEFIT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JUVEN'S, INC.  1400 BROADWAY - RM 800  NEW YORK NY 10018-5280	<b>1c</b> Effective date of plan (mo., day, yr.) 01/01/2004 <hr/> <b>2b</b> Employer Identification Number (EIN) 13-3293236 <hr/> <b>2c</b> Sponsor's telephone number 212-997-4428 <hr/> <b>2d</b> Business code (see instructions) 315290

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN  
HERE**

Signature of plan administrator

Date

7/1/2010 YONG HWANG

Type or print name of individual signing as plan administrator

**SIGN  
HERE**

Signature of employer/plan sponsor/DFE

Date

7/1/2010 YONG HWANG

Type or print name of individual signing as employer, plan sponsor or DFE

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

v11.3

Form **5500** (2008)
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 BY: \_\_\_\_\_

**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**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 below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone number

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	7
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	5
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	2
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	7
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	0
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	7
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	0
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	0

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 1A 1G 3E
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

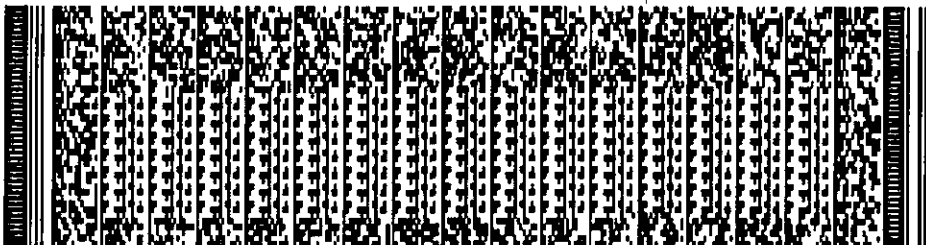


**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
(2) ☒ **B** (Actuarial Information)  
(3) ☐ **E** (ESOP Annual Information)  
(4) ☐ **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

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



**SCHEDULE I  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

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

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008****This Form Is Open to  
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

<b>A</b> Name of plan JUVEN'S, INC. DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 JUVEN'S, INC.	<b>D</b> Employer Identification Number 13-3293236

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I: Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

	(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>		
<b>a</b> Total plan assets	1279619	1198926
<b>b</b> Total plan liabilities	0	0
<b>c</b> Net plan assets (subtract line 1b from line 1a)	1279619	1198926
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>	(a) Amount	(b) Total
<b>a</b> Contributions received or receivable		
(1) Employers	50932	
(2) Participants	0	
(3) Others (including rollovers)	0	
<b>b</b> Noncash contributions	0	
<b>c</b> Other income	-131625	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)		-80693
<b>e</b> Benefits paid (including direct rollovers)	0	
<b>f</b> Corrective distributions (see instructions)	0	
<b>g</b> Certain deemed distributions of participant loans (see instructions)	0	
<b>h</b> Other expenses	0	
<b>i</b> Total expenses (add lines 2e, 2f, 2g, and 2h)		0
<b>j</b> Net income (loss) (subtract line 2i from line 2d)		-80693
<b>k</b> Transfers to (from) the plan (see instructions)		0

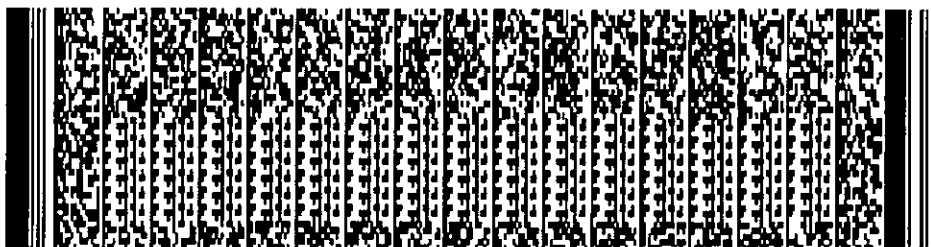
**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
<b>a</b> Partnership/joint venture interests	3a	X	
<b>b</b> Employer real property	3b	X	

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

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Schedule I (Form 5500) 2008



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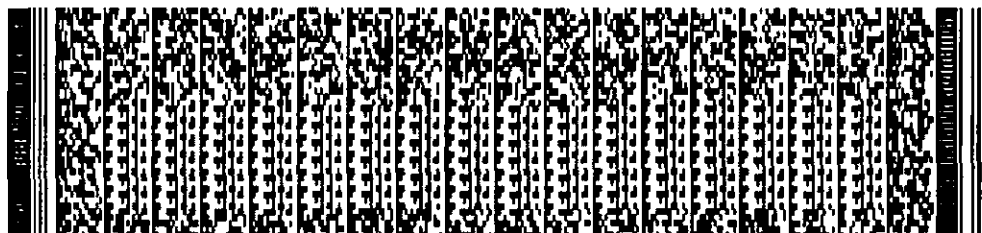
	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) .....		X	
<b>d</b> Employer securities .....		X	
<b>e</b> Participant loans .....		X	
<b>f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

**Part II Transactions During Plan Year**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Did the employer fail 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance .....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		X	
<b>e</b> Was the plan covered by a fidelity bond? .....		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? ....		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</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? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		

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

**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

**SCHEDULE R  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**This schedule is required to be filed under sections 104 and 4065 of the  
Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a)  
of the Internal Revenue Code (the Code).► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008****This Form is Open to  
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

<b>A</b> Name of plan JUVEN'S, INC. DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 JUVEN'S, INC.	<b>D</b> Employer Identification Number 13-3293236

**Part II Distributions**

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.	<b>1</b> \$ 0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.	<b>3</b> 0

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

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 7.	
<b>5</b> If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver	Month Day Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
<b>6a</b> Enter the minimum required contribution for this plan year	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<b>6b</b> \$
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	<b>6c</b> \$
If you completed line 6c, skip lines 7 and 8 and complete line 9.	
<b>7</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

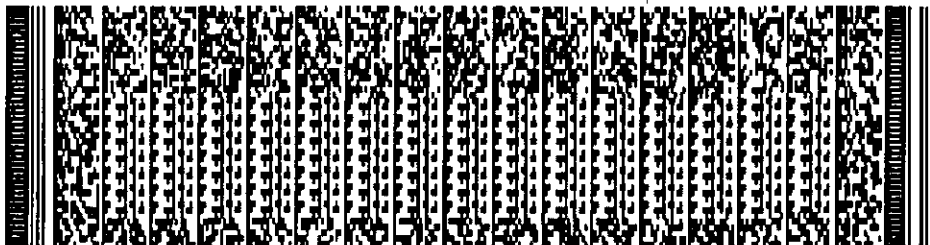
**Part III Amendments**

<b>8</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.)	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No
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**Part IV Coverage (See Instructions.)**

<b>9</b> Check the box for the test this plan used to satisfy the coverage requirements	<input checked="" type="checkbox"/> ratio percentage test <input type="checkbox"/> average benefit test
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



**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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

**2008**

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

For calendar plan year 2008 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

▶ **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.

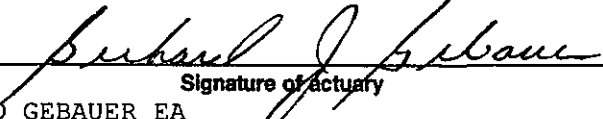
<b>A</b> Name of plan JUVEN'S, INC. DEFINED BENEFIT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ JUVEN'S, INC.		<b>D</b> Employer Identification Number (EIN) 13-3293236	
<b>E</b> Type of plan:	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Multiple-A	<input type="checkbox"/> Multiple-B
<b>F</b> Prior year plan size:	<input checked="" type="checkbox"/> 100 or fewer	<input type="checkbox"/> 101-500	<input type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2008</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	1147994	
<b>b</b> Actuarial value .....	<b>2b</b>	1147994	
<b>3</b> Funding target/participant count breakdown		(1) Number of participants	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b>	0	(2) Funding Target
<b>b</b> For terminated vested participants .....	<b>3b</b>	2	75066
<b>c</b> For active participants:			
(1) Non-vested benefits .....	<b>3c(1)</b>		0
(2) Vested benefits .....	<b>3c(2)</b>		1288105
(3) Total active .....	<b>3c(3)</b>	5	1288105
<b>d</b> Total .....	<b>3d</b>	7	1363171
<b>4</b> If the plan is in at-risk status, check the box and complete lines 4a and 4b .....			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</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 .....		<b>4b</b>	
<b>5</b> Effective interest rate .....	<b>5</b>	6.28 %	
<b>6</b> Target normal cost .....	<b>6</b>	0	

**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.

<b>SIGN HERE</b>		<u>June 24, 2009</u>
GERHARD GEBAUER EA		Date
Type or print name of actuary		08-02059
ALTIGRO PENSION SERVICES, INC.		Most recent enrollment number
Firm name		973-439-0200
3 US HIGHWAY 46 WEST		Telephone number (including area code)
FAIRFIELD NJ 07004-2904		
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-EZ.

v11.3

Schedule SB (Form 5500) 2008

**Part III Beginning of year carryover and prefunding balances (See instructions.)**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	N/A	N/A
<b>8</b> Portion used to offset prior year's funding requirement (line 35 from prior year) .....	N/A	N/A
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	N/A
<b>10</b> Interest on line 9 using prior year's actual return of N/A % .....	N/A	N/A
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Excess contributions (line 38 from prior year) .....		N/A
<b>b</b> Interest on line 11a using prior year's effective rate of N/A % .....		N/A
<b>c</b> Total available at beginning of current plan year to add to prefunding balance ..		N/A
<b>d</b> Portion of line 11c to be added to prefunding balance .....		N/A
<b>12</b> Reduction in balances due to elections or deemed elections .....		N/A
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	N/A

**Part IV Funding percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	84.21 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	84.21 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement .....	<b>16</b>	90.99 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part V 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
03/13/2009	50932				
<b>Totals ▶</b>			<b>18(b)</b>	50932	<b>18(c)</b> 0

<b>19</b> Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....	<b>19a</b> 0
<b>b</b> Contributions made to avoid benefit restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year, adjusted to valuation date .....	<b>19c</b> 50352

<b>20</b> Quarterly contributions and liquidity shortfall(s):	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

<b>21</b> Discount rate:	1st segment:	2nd segment:	3rd segment:	<input type="checkbox"/> N/A, full yield curve used
<b>a</b> Segment rates:	5.86 %	6.23 %	6.34 %	
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 1
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments .....	<b>27</b>	1

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....	<b>31</b>	0
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	106123	17953
<b>b</b> Waiver amortization installment .....	0	0
<b>33</b> 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 .....	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33) .....	<b>34</b>	17953
<b>35</b> Balances used to offset funding requirement. . .	Carryover balance	Prefunding balance
	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	17953
<b>37</b> Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c) .....	<b>37</b>	50352
<b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....	<b>38</b>	32399
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	0

2008 FORM 5500 – SCHEDULE SB – LINE 25

ATTACHMENT FOR CHANGE IN METHOD

PLAN: JUVEN'S, INC. DEFINED BENEFIT PLAN

EIN: 13-3293236

PN: 001

The funding method was changed to the method prescribed by and consistent with the requirements of IRC § 430. As such, the change in funding method does not need IRS approval.

The plan sponsor agrees to the change in funding method.

---

Yong Hwang – President & Trustee  
Juven's, Inc.  
Plan Sponsor

## Schedule B, line 6 - Summary of Plan Provisions

### Eligibility Requirements

Age (yrs) : 20  
 Age (months) : 6  
 Wait (months) : 6  
 Two year eligibility : No

### Service/Participation Requirements

Definition of years: Hours worked  
 Continuing hours: 1,000  
 Excluded classes: Other

### Earnings

Total compensation excluding :  
 403(b)  
 Cafeteria  
 Other  
 Prior to participation  
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
-------------------	---------------	--------------	-------------------------	-------------------	--------------

Age: 62  
 Service: 0  
 Participation: 5  
 Defined: Date of event

### Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	None	0
Female:	Actuarial Equivalence	Actuarial Equivalence	None	0

Rates - Male:	None	None	None	
Rates - Female:	None	None	None	

Use Social Security Retirement Age: No	REACT Benefits Percentage: 50.00%
Vesting Schedule: 2/20	Pre-retirement death benefit
Vesting Definition: Hours Worked	Percentage of accrued benefit: 100.00%
	Death Benefit Payment method: PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

### Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: JUVEN'S, INC. DEFINED BENEFIT PLAN  
 Plan Sponsor's EIN: 13-3293236  
 Plan Number: 001

## Schedule B, line 6 - Summary of Plan Provisions

### Benefits

<b>Pension Formula:</b>	Benefit formula
<b>Type of Formula:</b>	Flat benefit
<b>Effective Date:</b>	01/01/2004
<b>Flat benefit non-integrated type:</b>	Percent
<b>Total percent of salary:</b>	119.60%
<b>Dollar amount:</b>	None
<b>Reduction based on:</b>	Service
<b>Benefit reduction for years less than:</b>	25

### Averaging

<b>Projection method:</b>	Current Compensation	<b>Apply exclusion to accrued benefit:</b>	No
<b>Based on:</b>	Final Average	<b>Annualize short compensation years:</b>	No
<b>Highest:</b>	3	<b>Annualize short plan years:</b>	No
<b>In the last:</b>	0	<b>Include compensations based</b>	
<b>Excluding:</b>	0	<b>on years of:</b>	Accrual

### Accrual

<b>Frozen:</b>	No					
<b>Definition of years:</b>	Hours worked					<b>Fractions based on:</b> N/A
<b>Accrual credit:</b>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	<b>Precision:</b> N/A
	1000	1000	1000	1000	1000	<b>Limit current credit</b>
						<b>to:</b> N/A
<b>Years based on:</b>	Service					<b>Cap/floor years:</b> 99
<b>Maximum past accrual years:</b>	0.0000					<b>Cap or floor:</b> Cap
<b>Method:</b>	Fractional					<b>Accrual % per year:</b> 0.00%
						<b>Apply 415 before accrual:</b> No

<b>Name of Plan:</b>	JUVEN'S, INC. DEFINED BENEFIT PLAN
<b>Plan Sponsor's EIN:</b>	13-3293236
<b>Plan Number:</b>	001

# Schedule B, line 6 - Statement of Actuarial Assumptions/Methods

Payout Method: Funding

## Pre-retirement Assumptions:

### RPA

Interest: 5.33%  
Limited to: 90.00%

### Funding:

Interest: 5.00%

### Mortality

Male: None  
Female: None

### Setback

None  
None

### Salary Scale

Male: 0.00%  
Female: 0.00%

### Withdrawal

Male: None  
Female: None

### Withdrawal-Select

Male: None  
Female: None

### Early Retirement Rates

Male: None  
Female: None

### Subsidized Early Retirement Rates

Male: None  
Female: None

### Disability Rates

Male: None  
Female: None

### Mortality

Male: None  
Female: None

### Setback

None  
None

## Post-retirement Assumptions:

### RPA

Interest: 5.33%  
High Interest: 5.92%

### Funding:

Interest: 5.00%

### Mortality

Male: GAR-1994 P.2002 50/50 M/F  
Female: GAR-1994 P.2002 50/50 M/F

### Setback

None  
None

### Late Retirement Rates

Male: None  
Female: None

### Marriage Probability

Male: 0.00%  
Female: 0.00%  
Expense loading: 0.00%

### Setback

0

### Cost Methods

Actuarial Cost Method: Modified aggregate  
Funding as level: Percent  
Normal cost expense load: 0.00%  
Funding ages defined as: Nearest  
Entry age calculated as of: Date of plan entry  
Apply the 401(a)(17) when calculating  
present value of compensation: No  
Adjust valuation assets by:  
Accumulated Reconciliation Account: No

### Basis for PVAB

Applicable interest: 4.52%  
Applicable mortality: GAR-1994 P.2002 50/50 M/F

Name of Plan: JUVEN'S, INC. DEFINED BENEFIT PLAN  
Plan Sponsor's EIN: 13-3293236  
Plan Number: 001

## Schedule B, line 8c - Schedule of Active Participant Data

## YEARS OF CREDITED SERVICE

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

Name of plan: JUVEN'S, INC. DEFINED BENEFIT PLAN  
Plan sponsor's name: JUVEN'S, INC.

Plan number: 001  
EIN: 13-3293236

EBSA  
PO BOX 7043  
LAWRENCE KS 66044-7043

DFVC PROGRAM

2008 FORMS 5500

JUVEN'S, INC.

DEFINED BENEFIT PLAN

EIN/PN: 13-3293236/001

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