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.

0000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009				
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 m	onths)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	•							
	Name of plan	20011		1b	Three-digit				
	ENS INC DEFINED BENEFIT PLAN				plan number				
					(PN)				
				1C	Effective date of plan 01/01/2004				
2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Num									
JUVI	ENS INC			0-	(EIN) 13-3293236				
1/100	BROADWAY - RM 800			2C	Plan sponsor's telephone number 212-997-4428				
	/ YORK, NY 10018-5280			2d	Business code (see instructions)				
				ļ	315290				
	Plan administrator's name and address (if same as Plan sponsor, er ENS INC 1400 BROAD			3b	Administrator's EIN 13-3293236				
0011	NEW YORK,			3с	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the las	et roturn/ro	nort filed for this plan, enter the	4h	212-997-4428 EIN				
	name, EIN, and the plan number from the last return/report. Sponsor		port med for this plan, enter the	40	EIIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			. 5a	7				
b				. 5b	7				
С	Total number of participants with account balances as of the end of complete this item)			. 5c					
6a					X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (I	QPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
·	Total plan assets	7a	11989	26	1334009				
_	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	119892	26	1334009				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:				•				
	(1) Employers	8a(1)	5050	_					
	(2) Participants	8a(2)		0					
L	(3) Others (including rollovers)	8a(3)	0.45	0					
b	Other income (loss)	8b	845	83	135083				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			133063				
u	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
į	Net income (loss) (subtract line 8h from line 8c)	8i			135083				
i	Transfers to (from) the plan (see instructions)	8j		0					

D (IV/	DI	O L	
Part IV	Plan	Charact	eristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 3D

D '	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	ICICIIS	110 000	163 III I	ine monuc	Juona.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:				Yes	No		Amoui	nt	
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)		•	10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		Χ				
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	ne benefits under the	e plan? (See	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.)											
_	If th	s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)	9 CFR	10h							
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	X	'es	No
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	′es X	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									9
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rour_		
		r the minimum required contribution for this plan year		-			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan	year			[12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d				
е	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 y	ear or any prior yea	ır?					Y	′es X	No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a				-
	Wer	e all the plan assets distributed to participants or beneficiaries, trae					ntrol		Y	′es X	No
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne plai	n(s) to					
13	3c(1	Name of plan(s):				130	c(2) El	N(s)	13	c(3) P	N(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	se is	establ	ished.			
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.									
SIGN	F	led with authorized/valid electronic signature.	09/29/2010	GERHARD GEBA	AUER						
HERE											

Date

Date

Enter name of individual signing as plan administrator

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

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

							File as a	an attac	hme	nt to Form	5500 or 5	5500-	·SF.						
Fo	r caler	ndar pl	an year 200	10 90	r fiscal plan y	ea	r beginning 0°	1/01/200)9				and end	ing 12/31	/2009)			
					arest dollar. 00 will be ass	ses	sed for late filing o	of this rep	port u	ınless reas	onable ca	use is	s establishe	ed.					
Α	Name	of pla					J	·				В	Three-dig	jit)	•	00)1	
	Plan s		r's name as	shc	own on line 2	a o	f Form 5500 or 55	00-SF					Employer -3293236	Identificatio	n Nu	mber (EIN)		
Е	Туре с	of plan:	X Single		Multiple-A		Multiple-B		F	Prior year pla	n size: X	100	or fewer	101-500	οП	More t	han 500		
	art I		sic Info	ma						, ,									
<u>-</u>			/aluation da			Mο	nth <u>12</u> [Day3	1	Year 2	2009								
2	Ass		valuation de	iic.	'	VIO	11011	Jay		roar <u>z</u>									
	а		et value											2a				1	283509
	b	Actua	rial value											2b				1	283509
3	Fun	iding ta	rget/partici	pant	t count break	dov	wn				(1) N	umbe	er of partici	pants		(2)	Funding ⁻	Target	
	а	For r	etired partic	ipar	nts and benef	icia	aries receiving pay	ment		3a				0					C
	b	For t	erminated v	este	ed participant	s				3b				2					70054
	С	For a	ctive partic	ipan	ts:				i										
		(1)	Non-vested	l ber	nefits					3c(1)									(
		(2)	Vested ber	efits	S					3c(2)								1	308040
		(3)	Total active							3c(3)				5					308040
	d	Total								3d				7				1	378094
4	If th	e plan	is at-risk, c	heck	k the box and	cc	omplete items (a) a	and (b)											
	а	Fund	ng target d	isreç	garding preso	rib	ed at-risk assumpt	tions						4a					
	b						mptions, but disre e years and disreg												
5	Effe	ective i	nterest rate											5				6	.62 %
6	Tar	get no	mal cost											6					C
•	To the laccorda	best of mance with ation, off	applicable law	he info	ormation supplied regulations. In my	ор (this schedule and accom inion, each other assum ence under the plan.								le expe		and such of		
•					Signa	tur	e of actuary					_				Date			
GE	RHAR	D GEE	AUER EA									_				08-020			
ALT	IGRO	PENS	ION SERV	ICES		int	name of actuary					_		Most red		enrollm 3-439-	ent numb	oer	
			46 WEST 07004-2904	1	F	irn	n name						Te	elephone n	umbe	er (inclu	iding area	a code)	
					Add	res	s of the firm					_							
	e actua	•	not fully re	eflec	ted any regul	ati	on or ruling promu	Igated u	nder	the statute	in comple	eting t	this schedu	lle, check tl	he bo	x and s	see		

Page 2	2- 1	
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Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances							
				-			(a)	Carryover balance		(b) l	Prefundi	ng balance	
7		-	• , ,		cable adjustments (Item 13				0			0	
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0	
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0)			
10	Interest	on item	9 using prior year	's actual re	eturn of -10.90 %								
11					d to prefunding balance:								
	a Exce	ess contr	ributions (Item 38	from prior	year)							30484	
	b Inter	est on (a	a) using prior year	's effective	e rate of6.28 %							1914	
					year to add to prefunding bala							32398	
	d Portion of (c) to be added to prefunding balance												
12	Reduction	on in bal	ances due to elec	tions or de	emed elections							0	
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			32398	
Р	art III	Fun	ding percenta	ages		•			•				
14			<u> </u>								14	90.63 %	
15					ge						15	90.63 %	
16					s of determining whether car				to reduce)	16		
	current year's funding requirement												
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	art IV	Con	tributions an	d liquidi	ty shortfalls								
18					rear by employer(s) and emp								
(N	(a) Date 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD)		(b) Amount pa employer(-	(0	-	nt paid by oyees	
03	3/17/2010			50500									
						Totals ▶	18(b)		50500	18(c)		0	
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	e year:				
	a Contri	ibutions	allocated toward	unpaid mir	nimum required contribution	from prior ye	ears		19a			0	
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0	
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for current y	ear adjusted	d to valuation	n date	19c			49830	
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	S:								
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No	
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current year	ır made in a	timely mar	nner?			X	Yes No	
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:							
					Liquidity shortfall as of er		er of this pla	an year					
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1	
									1				

Pa	rt V Assumptio	ons used to determine t	unding target and ta	rget n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 5.35 %	2nd segment: 6.61 %		3rd segment: 6.67 %		N/A, full yield curve used				
	b Applicable month	(enter code)				21b	1				
22	Weighted average ref	tirement age				22	62				
23	Mortality table(s) (se	e instructions) X Pre	escribed - combined	Pres	cribed - separate	Substitute	Э				
Pa	rt VI Miscellane	ous items									
	Has a change been n	made in the non-prescribed act	· ·		•		· · · · · · · · · · · · · · · · · · ·				
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attac	hment	Yes X No				
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	X Yes No				
27	7 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment										
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0				
29	' '	contributions allocated toward	' '	29	0						
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30	0				
Pa	rt VIII Minimum	required contribution	for current year								
31		adjusted, if applicable (see inst				31	0				
32	Amortization installme		·		Outstanding Bala	ince	Installment				
	a Net shortfall amort	tization installment				11899	4072				
	b Waiver amortization	on installment				0	0				
33		approved for this plan year, en Day Year				33	0				
34	0 1	ment before reflecting carryove	, ,			34	4072				
			Carryover balance		Prefunding bala	nce	Total balance				
35	Balances used to offs	set funding requirement		0		0	0				
36	Additional cash requi	rement (item 34 minus item 35	i)			36	4072				
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)										
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	45758				
39	9 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)										
40	Unpaid minimum regu	uired contribution for all years		40							

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-SE

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Frieds an attachmen	1/2009			12/31/2009	<u> </u>
	1/2009	and en	uing	12/31/2005	
Round off amounts to nearest dollar.	ınlasa rocca	nable cause is establis	had		
Caution: A penalty of \$1,000 will be assessed for late filing of this report u	iniess reaso	_			
A Name of plan		B Three-d	•		001
		plan nu	nber (PN)	P	
JUVENS INC DEFINED BENEFIT PLAN					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employe	r Identificat	ion Number (EIN)	_
JUVENS INC		13-329	3236		
E Type of plan: X Single Multiple-A Multiple-B F F	Prior year pla	n size: X 100 or fewer	101-5	00 More than 500	
	nor your plan	110120. [1] 100 01 101101			
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31	.,	2009			_
Little the valuation date.	Year			The second secon	
2 Assets:			0-	-	002 500
a Market value			2a		.,283,509
b Actuarial value	·····		2b		.,283,509
3 Funding target/participant count breakdown		(1) Number of partic		(2) Funding Ta	
a For retired participants and beneficiaries receiving payment	—		0		0
b For terminated vested participants	3b		2		70,054
C For active participants:					
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	- ` ' +		<u> </u>	1	.,308,040
(3) Total active			5	1	,308,040
d Total	3d		7	1	.,378,094
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 trans at-risk for fewer than five consecutive years and disregarding loadir	ition rule for	plans that have been	4b		
5 Effective interest rate				· · · · · · · · · · · · · · · · · · ·	6.62 %
6 Target normal cost			6		0
Statement by Enrolled Actuary			•		
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.					
SIGN HERE	5. 2. 4	C,	n 29	2010	
Signature of actuary	uc-	<u> </u>	<u> </u>	Date	
GERHARD GEBAUER EA		,		08-02059	
Type or print name of actuary			Most re	ecent enrollment numbe	
ALTIGRO PENSION SERVICES, INC.				973) 439-0200	F.
Firm name				number (including area	code)
3 US HIGHWAY 46 WEST			elephone	number (including area	.ode)
FAIRFIELD NJ 070	04-2904				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under	the statute i	n completing this sched	ule, check	the box and see	

Page	2-	Г

Pa	rt II Begir	ning of year	carryove	r and prefunding ba	lances								
	iitii Dogii	ining or year	barryovo	r una pretunanty ba		(a) C	arryover balance		(b) Pi	efundi	ng balar	ice	
7				able adjustments (Item 13									
				uirement (Item 35 from pri				0				0	
<u>8</u>	.							0					
_ 9 10				urn of <u>(10.90)</u> %								0	
11				to prefunding balance:			*.*.		. 1				
	•			-					<u> </u>		3	2,399	
				ear) rate of6 . 28 _%				-					
												2,035 4,434	
	Total available at beginning of current plan year to add to prefunding balance d Portion of (c) to be added to prefunding balance											4,434	
12				emed elections			<u> </u>					1,131	
								0			2	4,434	
				tem 10 + item 11d - item	12)			<u> </u>				4,434	
		ding percenta							ı	44		7.4.0/	
										14		14 %	
$\overline{}$				e						15	93.	14 %	
16				of determining whether ca						16	84.	21 %	
17	If the current va	lue of the assets o	of the plan is	less than 70 percent of th	e funding targ	jet, enter si	uch percentage			17		%	
P	art IV Cor	tributions an	d liquidit	v shortfalls					_				
18	Contributions m	ade to the plan for	r the plan ye	ear by employer(s) and em	ployees:								
(N	(a) Date MM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(s		(c)		nt paid I	ру	
	3/17/2010		50,500	,,		,	1 7 3				,		
													
				-									
					1								
-					Totals ▶	18(b)		50,500	18(c)			0	
19	Discounted emr	lover contribution	s - see inst	ructions for small plan with	a valuation d	ate after th							
	•	•		mum required contribution			. Т	19a				0	
	_		-	ljusted to valuation date			F	19b				0	
				ired contribution for current			F	19c			4	9,830	
20		butions and liquidi	<u>-</u>		, <u></u>				1 1		<u>-</u>	7	
				he prior year?				ــا 		x	Yes	No	
				allments for the current ye						_	1	No	
			-	ete the following table as a				Γ] .55		
	U II ZUA IS 1 ES	, acc manuchons	and comple	Liquidity shortfall as of	· · · · · · · · · · · · · · · · · · ·	of this plai	n year			•	· · ·		
	(1) 1	st		(2) 2nd		(3)	-		(4) 4th	1		
								1	_				

						
Pa	rt V Assumptio	ns used to determine f	unding target and targ	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5.35 %	2nd segment: 6.61 %	3rd segment	1	N/A, full yield curve used
	b Applicable month	(enter code)			21b	1
22	Weighted average ret	tirement age			. 22	62
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescribed - separate	Substitut	e
Pai	t VI Miscellane	ous items				
	Has a change been m	nade in the non-prescribed act				
25		e been made for the current pla				
		provide a Schedule of Active				
27	If the plan is eligible f	or (and is using) alternative fur	nding rules, enter applicable c	ode and see instructions	27	اجا احا
Pa		ation of unpaid minimu				
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	
29		contributions allocated toward			29	_ 0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus item	29)	30	0
Pa	rt VIII Minimum	required contribution	for current year			
31	Target normal cost, a	adjusted, if applicable (see insti	ructions)		31	
32	Amortization installme	ents:		Outstanding Ba	lance	Installment
	a Net shortfall amort	tization installment			11,899	4,072
	b Waiver amortization	on installment			0	0
33	If a waiver has been (Month	approved for this plan year, en Day Year	ter the date of the ruling letter) and the waived amou	granting the approval	33	
34	Total funding require	ment before reflecting carryove	er/prefunding balances (item 3	1 + item 32a + item 32b -	. 34	4,072
			Carryover balance	Prefunding bal	ance	Total balance
35	Balances used to offs	set funding requirement		0	0	0
36	Additional cash requi	rement (item 34 minus item 35)		36	4,072
	Contributions allocate	ed toward minimum required co	ontribution for current year ad	usted to valuation date	37	49,830
38	Interest-adjusted exc	ess contributions for current ye	ear (see instructions)		38	49,830
		uired contribution for current ye		-		0
		uired contribution for all years	· · · · · · · · · · · · · · · · · · ·		40	. 0

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2009 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2009 Nonannuitant Female Yes

Setback

0

Male Annuitant: 2009 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2009 Annuitant Female **Actuarial Equivalent Floor**

Use discount rate transition:

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00% Lookback months: 2

Use pre-retirement mortality:

Nonannuitant: None

Annuitant:

2009 Applicable

<u>3rd</u>

<u>1st</u>	<u>2nd</u>	<u>3rd</u>
4.81	6.69	6.78
6.44	6.44	6.44
5.35	6.61	6.67
	4.81 6.44	4.81 6.69 6.44 6.44

5.35

5.24 **Current:** 5.69 5.37 4.27

1st

Override:

Override: 4.41 4.57

<u>2nd</u>

Salary Scale

Late Retirement Rates

6.61

6.67

No

Male: 0.00% Female: 0.00%

None Male:

Withdrawal

Female: None **Marriage Probability**

Male: None Female: None

Male: 0.00% Female: 0.00%

Withdrawal-Select

Expense loading: Disability Rates

Male: None Female: None

Male: None

Early Retirement Rates

Female: None

Male: None Female: None

Mortality Setback 0 Male: None 0 None Female:

0.00%

Subsidized Early Retirement Rates

Male: None Female: None

Name of Plan: JUVEN'S, INC. DEFINED BENEFIT

Plan Sponsor's EIN: 13-3293236

Plan Number:

Plan Sponsor's Name: JUVEN'S, INC.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 20 Definition of years: Hours worked

Age (months):6Continuing hours:1,000Wait (months):6Excluded classes:Other

Two year eligibility: No

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:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

Death Benefit Payment method: PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%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

Plan Sponsor's Name: JUVEN'S, INC.

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula
Type of Formula: Flat benefit
Effective Date: 01/01/2004

Flat benefit non-integrated type: Percent
Total percent of salary: 0.00%

Dollar amount: None
Reduction based on: Service
Benefit reduction for years less than: 0

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 on years of: Accrual

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit: Continuing Died Disabled Retired Terminated Precision: N/A

1000 1000 1000 1000 1000 1000 Limit current credit

to: N/A

Years based on:ServiceCap/floor years:99Maximum past accrual years:0.0000Cap or floor:CapMethod:FractionalAccrual % per year:0.00%

Apply 415 before accrual: No

Name of Plan: JUVEN'S, INC. DEFINED BENEFIT PLAN

Plan Sponsor's EIN: 13-3293236

Plan Number: 001

Plan Sponsor's Name: JUVEN'S, INC.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg.		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp	N		Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	3:	5 To 39 Avg. Comp		& Up Avg. Comp
5											十					1	•				
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	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	0	0
27. 20															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	ļ	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	1 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	\perp	0	0	0	0	0	0	0	0	0	0
70.0 1		0		0	0	0		0	0		$oxed{\Box}$		0				0				
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1 0	0

Name of plan: JUVEN'S, INC. DEFINED BENEFIT PLAN

Plan number: 001

Plan sponsor's name: JUVEN'S, INC.

EIN: 13-3293236

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NO.568 **3**062

			_	OMB Nos. 1210-0110
	leturn/h 3enefit	leport of Small Employ Plan	'8 8	1210-0089
Internal Perenue Service This form is required to be file	d under sec	tions 104 and 4065 of the Employee	1	2009
Dapantness of Labor Retirement income Security / Employee Banetis Security Administration Internal F	kot of 1974 Revenue Co	(ERISA), and section 6058(a) of the de (the Code).		This Form is Open to Public Inspection
Pension Barrall Querany Corporation Complete all entitles in accor-	dance with	the instructions to the Form 5500	-SF.	mspection
Pa新河 Annual Report Identification Information	- 75 4 7 5			1972179000
	1/01/20			12/31/2009
A This return/report is for: Single-employer plan		mployer plan (not multiemployer)		one-participant plan
B This return/report is for:	final return	•		
an amended return/report		year return/report (leas than 12 mor	iins)	Diname.
C Check box if filing under: K Form 5658	•	extension		DEVC program
special extension (enter description				
Part II Basic Plan Information—enter all requested Inform	ation		114	Three-digit
18 Name of plan JUVENS INC DEFINED BENEFIT FLAN		į.	10	plan number
V			-	(PN) 001
			10	Effective date of plan 01/01/2004
The Dirac manager name Bud address (appliques of far similar amplayer	- alani		2h	Employer contification Number
29 Plan sponsor's name and address (employer if for single-employer DUVENS INC	, biziri			(EIN) 13-3293236
		2c	Plan aponsor's telephone number (212) 997-4428	
1400 BROADWAY - PM 800	2d	Business code (see instructions)		
NEW YORK		315290		
32 Plan administrator's name and address (if same as Pier sponsor, e	enter "Same	P")	3b	Administrator's EIN
			30	Administrator's telephone number
	e L			
4 If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report. Sponsor	40	EIN		
				PN
Sa Total number of participants at the beginning of the plan year	1416-97-17-9-9-8-8	the continue adjournment the tree second	5a	7
b Total number of participants at the end of the plan year			5b	7
C Total number of participants with account balances as of the end complete this item)			5c	
6a Were all of the plan's assets curing the plan year invested in aligh				Yes No
Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	f an indeper and conditi	ndent qualified public accountant (IC lons)	(PA) 	Yes [] No
If you answered "No" to either 6s or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	<u> </u>	
Part III Financial Information			٠	415 3 42
7 Flan Assets and Liabilities		(a) Beginning of Year 1, 198, 92		(b) End of Year 1,334,009
a. Total plan (assets	7a 7b	1,100,00	0	
C Net plan assets (subtract line 7b from line 7a)	,	1,198,92	6	1,334,009
8 Income, Expenses, and Transfers for this Plan Year	W. 1	(a) Amount	-	(b) Total
a Contributions received or receivable from:				
(1) Employers	. 8a(1)	50,50	⊸ਂ ∞	
(2) Participants			0	
(3) Others (including rollovers)		54,58	0	
C Total income (add lines 6a(1), 6a(2), 8a(3), and 6b)		39,00	<u> </u>	135,083
C Total Income (add lines 6e(1), 8e(2), 8e(3), and 6b)d d Benefits paid (including direct rolloyers and insurance premiums	"		+	
to provide benefits)	., <u>8d</u>		9	
Certain deemed and/or corrective distributions (see instructions)			킛	
f Administrative service providers (salaries, fees, commissions)	0			
g Other expenses and lines of the US and Go	· 60			<u> </u>
h Total expanses (add lines 8d, 8e, 8f, and 8g)				135,083
Nat income (loss) (aubtract line 8n from line 8c) Transfers to (from) the plan (see instructions)			<u> </u>	C. (28)
Far Paperwork Reduction Act Notice and OMB Control Numbers, see the instruct		1.5!	.YI	

Post-it* Fax Note	7671	Date 9/29/10 # of pages > 2
To Mr. Greny		From Y. T. Hwang
Co./Dept. Altigro		Co. Juven's, Inc.
Phone #	***************************************	Phone # 2/2-980-4438

29/23/2012 10:28 973 435 0311 → 12125411813

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NO.568 JØ03

	Form 5500-SF 2009	Page	2-							
Par	N/ Plan Characteristics									
g _a	If the plan provides pension benefits, enter the applicable pension feature	codes from the Lis	i of Plan Chare	cterisi	ic Co	les ir !	ne instruction	18;		
b	1A 1G 3D If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Chara:	deristi	ic Cod	es ia t	ne instruction	ş.		
Part	V Compliance Questions									
10	During the plan year:	_			Yes	מא	Ar	nount		
2	Was there a failure to transmit to the pien any participant contributions was CER 2510.3-102? (See instructions and EOL's Voluntary Flouciary C	Jourection Program) ,	103		х				
р	Were there any nonexempt transactions with any party-in-interest? (Do rot line 10a)			10b		X				
c	Was the plan covered by a fidelity bond?			100		X	,			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		411144444444444	10d		X				
e	Were any fees or commissions oald to any brokers, agents, or other per insurance service or other organization that provides some or all of the blastructions.)	sons by an insuren senefits under the p	ce carrier. lan? (\$se	ile		X		<u></u>		
1	Has the plan failed to provide any benefit when due under the plan?		t constitutes	101		X				
_	Did the plan have any participant loans? (If "Yes," enter amount as of ye			10g		X				
g	If this is an Individual account plan, was there a blackout period? (See in 2520.101-3.)	nstructions and 29 (CFR	10h			· 数	***		
1	If 10h was answered "Yes," check the box if you either provided the rag- exceptions to providing the notice applied under 29 CFR 2520.101-3	wired notice or one	of the	101			4	t e	5.5	
Dar	Mil Pansion Funding Compliance									
11	is this a defined benefit plan subject to minimum furning requirements?	(II 'Yes,' see Instr	ctions and com	plete	Sched	ula SE	(Form	X Yes		
12	Is this a defined contribution plan subject to the minimum funding require	rements of section	412 of the Gods	: Cr S6	ction	302 o t	erişay	Yes		
	If a weiver of the minimum funding standard for a prior year is being ant granting the walver. you completed line 12s, complete lines 3, 9, and 10 of Schadule MB		a comment of WIVI		; 2110	Day	- April o: II.	'ear		
	you completed line 12s, complete lines 3, 4, and 10 or actually	(POM GOOD) WHE	attib to title 10.		「	12b	İ			
ķ	Enter the minimum required contribution for this plan year			,		12c				
C	Enter the amount contributed by the employer to the plan for this plan ye Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	asoli (entet a mine:	s sign to the left	ora	- 1	12d				
	Will the minimum funding amount reported on line 12d be met by the fu	ndina deadline?		pi <u>il</u>			Yes	No	N/A	
	VII Plan Terminations and Transfers of Assets									
		an at aby miler Ugar)					Yes	X No	
138	Has a resolution to terminate the olan been adopted during the plan year	as of any prop year	,, , ,	********		132	Ì			
	If "Yes," enter the amount of any plan assets that reverted to the emplo Were all the plan essets distributed to pericipents or beneficiaries, fran of the PBGC?	isferred to another	or brought	nude	rine	:		Yes	No No	
)	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	lis bar: to another t	man(s), lusiney	1			151/65	13c(3)	5Ni(e)	
	13c(1) Name of plan(a):			-		3c(2) E	.114(3):	120(0)	<u> </u>	
				1			-			
	ution: A penalty for the late or incomplete filing of this return/report	will be assessed u	niess reasona	ble Ca	wae i	estat	ilished.			
Un Se	der penallies of perjury and other penalties set forth in the instructions, I d or Schedule MB completed and signed by an enrolled ectuary, as well as	laciste (bøl i bave f	examined this re	turn/r	SPOIL.	includ!	ng, it applica	ble, a Scho inowledge	and and	
, pa	ief, It is true, correct, and complete.		YONG HWAI	<u></u>						
	GN 7, 7,-7		Enier name of		dustr	inrina	es plan admi	nigtrator		
1200	alguature of brain warming a feet	Date			Aha. y	Minia.	AA bigit agilii			
8	on (X) 7.7.7		YONG HWAN			·				
	HERE Signature of employeriplan sponsor Date Enter name of ind					individual signing as employer or plan sponsor				

Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name JUVENS INC	DEFINED BENEFIT PLAN	EIN:	13-3293236
Plan Sponsor's Name	JUVENS INC	PN:	001

Date of		Year	Effective	Interest Adjusted Contribution:
Contributon	Amount	Applied	Interest Rate	Contribution:
03/17/2010	50,500	2009	6.62	49,830
+				

Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name JUVENS INC DEFINED BENEFIT PLAN	EIN:	13-3293236
Plan Sponsor's Name JUVENS INC	PN:	001
The weighted average retirement age is equal to the normal retirement age of62		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement	U	hted average
Normal Retirement Age under the plan is age 62. All participants a retire at Normal Retirement Age.	are as	ssumed to

Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameJUVENSINCDEFINEDBENEFITPLANEIN:13-3293236Plan Sponsor's NameJUVENSINCPN:001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL	94,135	12/31/2008	6	17,953
SHORTFALL	(82,236)	12/31/2009	7	(13,881)