#### Form 5500-SF

Department of the Treasury

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).

2040

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number JUVENS INC DEFINED BENEFIT PLAN 001 (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 Number 13-3293236 **JUVENS INC** (EIN) 2c Plan sponsor's telephone number 1400 BROADWAY - RM 800 NEW YORK, NY 10018-5280 2d Business code (see instructions) 315290 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 1400 BROADWAY 13-3293236 NEW YORK, NY 10018-5280 3c Administrator's telephone number 212-997-4428 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1334009 1331384 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 1334009 1331384 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 14000 (1) Employers ..... 8a(1) 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers)..... 8a(3) 60160 Other income (loss)..... 8b 74160 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 76785 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 76785 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -2625 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... 0

	F	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	s:	
		1G 1I 3D	otorio	tio Cor	daa in t	ha inatru	otions		
b	n me	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctens	lic Coc	ies in t	ne mstru	Juons	•	
art	V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 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 fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•	X	Yes	П No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	•	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver							
lf <sup>v</sup>	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day _		166	и	
		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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				-		Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
		55, Since the amount of any plan assess that revented to the employer this year						_	

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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)

Yes X No

#### 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	Filed with authorized/valid electronic signature.	10/12/2011	GERHARD GEBAUER
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

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

# 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

2010

This Form is Open to Public Inspection

								nent to Form	5500 or	2200-			40/04/0	040			
			lan year 2010			ar beginning 0	1/01/2010				and en	ding	12/31/20	U1U			
			amounts to I														
	Cauti	ion: A	penalty of \$1	,000 will be	asse	ssed for late filing of	of this repor	t unless reas	onable ca	ause is	establish	ned.					
<b>A</b> 1	lame	of pla	ın							В	Three-d	igit				001	
JU\	ENS	INC E	DEFINED BEN	NEFIT PLAN							plan nur	nber (	(PN)	•		001	
											<u> </u>						
			or's name as s	shown on line	2a	of Form 5500 or 55	500-SF			D	Employe	r Ident	tification	Numb	er (El	N)	
JU∖	ENS	INC								13-	3293236						
Εī	ype c	of plan	: X Single	Multiple-	۱ [	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	□ 1	01-500	Mc	ore tha	n 500	
						<u> </u>			<u> </u>								
Pa	rt I		asic Inforn														
1	Ent	er the	valuation date	e:	Mo	onth <u>12</u>	Day <u>31</u>	Year _	2010	_							
2	Ass	ets:															
	а	Mark	et value									2	2a				1317384
	b	Actu	arial value									2	2b	· <u> </u>			1317384
3	Fun	ding t	arget/participa	ant count bre	akdo	own			<b>(1)</b> N	Numbe	r of partic	ipants	s		<b>(2)</b> Fu	ınding Ta	rget
	а	For	retired particin	oants and be	nefic	iaries receiving pav	vment	3a	. ,				0		` '		0
	b						•						0				0
	C		active particip														
	C							20(1)									0
		(1)											_				
		(2)	Vested bene	fits									2				1439847
		(3)	Total active.					_ ` /					3				1439847
	d	Tota	l					3d					3				1439847
4	If th	e plar	n is at-risk, che	eck the box a	nd c	omplete items (a)	and (b)										
	а	Fund	ding target dis	regarding pre	scri	oed at-risk assump	tions						4a				
	b	Fund	ding target refl	lecting at-risk	ass	umptions, but disre	egarding tra	nsition rule fo	r plans th	nat hav	e been		41-				
						ve years and disre						<sup>4</sup>	4b				
5	Effe	ective	interest rate										5				6.13 %
6	Tar	get no	rmal cost										6				0
Stat	emer	nt by	Enrolled Actu	uarv								ı					
	To the I	best of r	my knowledge, the	information supp		this schedule and accor											
						pinion, each other assum ience under the plan.	nption is reason	able (taking into a	ccount the e	experien	ce of the pla	n and re	easonable e	expectati	ions) an	id such othei	assumptions, in
	401			•		•											
	IGN													10/1	11/201	1	
Н	ERI									_	-			10/1	1 1/201	1	
				Sig	natu	re of actuary								Da			
GEF	HAR	D GEI	BAUER EA							_				11-	-02059	9	
				Type or	prin	t name of actuary						М	lost rece	nt enro	ollmer	nt number	
ALT	GRO	PEN	SION SERVIC	CES, INC.										973-4	139-02	200	
					Fir	m name				_		Teleph	none nun	nber (i	ncludi	ng area c	ode)
			46 WEST											(			,
FAIF	CHEL	ש, NJ	07004-2904														
										_							
				Α	ddre	ss of the firm											
If the	actu	arv ha	s not fully refl	ected anv re	rulat	ion or ruling promu	ulgated unde	er the statute	in comple	etina t	his sched	lule. c	heck the	box a	and se	e	П
	ıction			- 5.00 011, 10	الماسي	og prome	ga.ca ana	3.0.010	5511161	g t		, 0		~ JA U	00	-	Ш

Page	2-	1

Pa	rt II	Begin	nning of year	carryov	er and prefunding ba	lances						
				-			(a)	Carryover balance		(b) F	Prefundii	ng balance
7		-	•		icable adjustments (Item 13				0			32398
8	Portion (	used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0			0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					0			32398
10	Interest	on item	9 using prior year	's actual re	eturn of							2300
11					d to prefunding balance:							
	<b>a</b> Exce	ess contr	ributions (Item 38	from prior	year)							45758
	<b>b</b> Inter	est on (a	a) using prior year	's effective	e rate of6.62 %							3029
					year to add to prefunding bala							48787
	_				palance							48787
12					eemed elections				0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d - item	12)			0			83485
	art III		ding percenta			,						
14			<u> </u>	<u> </u>							14	85.34 %
15					ge						15	91.49 %
16					s of determining whether car				to reduce			
	-						-				16	93.14 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%
P	art IV	Con	tributions an	d liquidi	ity shortfalls							
18	Contribu	itions ma	ade to the plan for	the plan y	vear by employer(s) and em	ployees:						
<b>/</b> N	(a) Date		(b) Amount p		(c) Amount paid by	(a) [		(b) Amount pa	-	(0	-	nt paid by
	IM-DD-Y\ /09/2011	(	employer	14000	employees	(MM-DE	)-1111)	employer(	S)		emplo	byees
	700/2011			1 1000								
						Totals ▶	18(b)		14000	18(c)		0
10	Diagona		la companie de la com		turnetiana fan amall alam mista		. , ,	 		10(0)		-
19					structions for small plan with							0
	_				nimum required contribution				19a 19b			0
					djusted to valuation date				19c			13437
20					uired contribution for current y	year adjusted	i to valuatio	n date	190			13437
20		=	outions and liquidit	-							X	Yes No
		•	•		the prior year?						········ <u>[</u>	」
				-	stallments for the current yea		umery mar	IIIEI /			·····	Yes 🚹 No
	C If 20a	ıs "Yes,	see instructions	and compl	lete the following table as ap Liquidity shortfall as of e		er of this pla	an year				
		(1) 1s	st		(2) 2nd	na or Quarte	(3)	3rd			(4) 4th	<u> </u>
					, ,		. ,					

Pa	rt V Assumptio	ns used to determine	funding target and ta	rget nor	mal cost		
21	Discount rate:						
	<b>a</b> Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %		3rd segment: 6.49 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	1
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescrib	ed - separate	Substitut	te
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed ac		•	•		· ·
25	Has a method change	e been made for the current p	lan year? If "Yes," see instru	uctions rega	arding required attac	hment	Yes 🖺 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions	regarding required	attachment	Yes No
27	, ,	or (and is using) alternative fu	•			27	
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribu	tions for	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	unpaid minimum required co	ntributions (item 28 minus ite	em 29)		30	0
Pa	rt VIII Minimum	required contribution	for current vear				
31		djusted, if applicable (see inst				31	0
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	ization installment				64869	13123
	<b>b</b> Waiver amortization	on installment				0	0
33		approved for this plan year, er Day Year				33	
34		ment before reflecting carryov				34	13123
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	et funding requirement				13123	13123
36	Additional cash requir	rement (item 34 minus item 35	5)			36	0
37		ed toward minimum required c	•	•		37	13437
38	Interest-adjusted exce	ess contributions for current y	ear (see instructions)			38	13437
39	Unpaid minimum requ	uired contribution for current y	rear (excess, if any, of item 3	36 over item	37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	0

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

Male Annuitant:

**Options:** 

Male Nonannuitant: 2010 Nonannuitant Male

No **Use discount rate transition:** 

Use optional combined mortality table for small plans:

Female Nonannuitant: 2010 Nonannuitant Female

Lump sums use proposed regulations: Yes

**Female Annuitant:** 2010 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00%

2010 Annuitant Male

Lookback months: 1

Use pre-retirement mortality: No

Nonannuitant: None

1st

3.21

Annuitant:

2010 Applicable

<u>3rd</u> <u>1st</u> 2nd 6.49 **Segment rates:** 3.37 6.04 **High Quality Bond rates:** N/A N/A N/A 6.49 Final rates: 3.37 6.04

0.00

**Current:** 

0.00

0.00

<u>2nd</u> 5.19 <u>3rd</u> 5.67

Override: 0.00 0.00

0.00

Salary Scale

Override:

Male: 0.00% Female: 0.00% Late Retirement Rates

Male: Female:

Male:

None None

Withdrawal

Male: None Female:

**Marriage Probability** 

**Setback** 0

Setback

Yes

0.00% Female:

None

0.00% **Expense loading:** 0.00%

Withdrawal-Select

**Disability Rates** 

Male: None Female: None

Male: None Female: None

**Early Retirement Rates** 

Male: None Female: None **Mortality** 

**Subsidized Early Retirement Rates** 

0 Male: None 0 None Female:

Male: None Female: None

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

Plan Sponsor's EIN: 13-3293236

Plan Number: 001

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

Male Annuitant:

**Options:** 

Male Nonannuitant: 2010 Nonannuitant Male

No **Use discount rate transition:** 

Use optional combined mortality table for small plans:

Female Nonannuitant: 2010 Nonannuitant Female

Lump sums use proposed regulations: Yes

**Female Annuitant:** 2010 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00%

2010 Annuitant Male

Lookback months: 1

Use pre-retirement mortality: No

Nonannuitant: None

1st

3.21

Annuitant:

2010 Applicable

<u>3rd</u> <u>1st</u> 2nd 6.49 **Segment rates:** 3.37 6.04 **High Quality Bond rates:** N/A N/A N/A 6.49 Final rates: 3.37 6.04

0.00

**Current:** 

0.00

0.00

<u>2nd</u> 5.19 <u>3rd</u> 5.67

Override: 0.00 0.00

0.00

Salary Scale

Override:

Male: 0.00% Female: 0.00% Late Retirement Rates

Male: Female:

Male:

None None

Withdrawal

Male: None Female:

**Marriage Probability** 

**Setback** 0

Setback

Yes

0.00% Female:

None

0.00% **Expense loading:** 0.00%

Withdrawal-Select

**Disability Rates** 

Male: None Female: None

Male: None Female: None

**Early Retirement Rates** 

Male: None Female: None **Mortality** 

**Subsidized Early Retirement Rates** 

0 Male: None 0 None Female:

Male: None Female: None

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

Plan Sponsor's EIN: 13-3293236

Plan Number: 001

#### Schedule SB, line 26 - Schedule of Active Participant Data

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp	25 No.	To 29 Avg. Comp		To 34 Avg. Comp		5 To 39 Avg. Comp		Avg.
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
20 / 24	<del>                                     </del>					0		0			+					+				<del>                                     </del>	
30 to 34	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	0	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
40 10 44	+ •	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	0	0	0	0	0	0	0	0	_	0	0	0	0	0	0	0	0	0	0
55 / 50					ļ.,		<u> </u>				$\perp$	-	0						0	<u> </u>	
55 to 59	0	0	0	0	1	0	2	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		
03 10 09	+ "				"	0	"		-			U	U	+ "	1	+ "					
70 & Up	0	0	0	0	0	0	0	0	0	0	$\perp$	0	0	0	0	0	0	0	0		0

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

Plan number: 001

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

EIN: 13-3293236

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# 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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ File as an attachmer	5500 or 5500-SF.				
For calendar plan year 2010 or fiscal p		1/2010	and endin	g	12/3	31/2010
A Bound off amounts to nearest de	ollar.					
Caution: A penalty of \$1,000 will be	pe assessed for late filing of this report u	ınless reaso	nable cause is established	l		
A Name of plan			<b>B</b> Three-digit			001
			plan numb	er (PN)		
JUVENS INC DEFINED BEN	ובבית DI.AN		ŀ			
C Plan sponsor's name as shown on			D Employer lo	lentification	Number (	(EIN)
C Plan sponsor's name as shown on	inte 28 of 1 of 11 of 50					
JUVENS INC			13-32932	236		
E Type of plan: X Single Multip	ole-A Multiple-B	Prior year pla	n size: 🛛 100 or fewer	101-500	More	than 500
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Part I Basic Information	Month 12 Day 31	Year_	2010			
1 Enter the valuation date:	Month12 Day31					
2 Assets:			***************************************	. 2a		1,317,384
			***************************************	. 2b		1,317,384
			(1) Number of particip	ants	(2)	Funding Target
3 Funding target/participant count	d beneficiaries receiving payment	. 3a		0		(
	icipants			0		(
	icipants					
C For active participants:		3c(1)				
		1-1-1				1,439,84
				3		1,439,84
				3		1,439,84
4 If the plan is at-risk, check the b	oox and complete items (a) and (b)				.*	
If the plant is devise, encountries	g prescribed at-risk assumptions		***************************************	4a		
<b>b</b> Funding togget reflecting al	trick assumptions, but disregarding tran	sition rule fo	r plans that have been	4b		
b Funding target reflecting at at-risk for fewer than five or	consecutive years and disregarding load	ing factor				6.13 %
5 Effective interest rate				. 3		0.13 //
6 Target normal cost				6		
Statement by Enrolled Actuary	on supplied in this schedule and accompanying schedules in my opinion, each other assumption is reasona			ete and accura and reasonab	ite. Each presole expectation	cribed assumption was applied in is) and such other assumptions, i
SIGN HERE	land & Bel	aue			10/11/	2011
TILKE	Signature of actuary				Date	
GERHARD GEBAUER EA					11-02	
	pe or print name of actuary		_			ment number
ALTIGRO PENSION SERVICE	•				973)439	
3 US HIGHWAY 46 WEST	Firm name		Т	elephone r	ıumber (ind	cluding area code)
FAIRFIELD		7004-290	4			
·	Address of the firm			.ll	the hey s=	nd soo
If the actuary has not fully reflected a	ny regulation or ruling promulgated unde	er the statute	e in completing this sched	uie, cneck	uie box an	In 266

Pa	art II	Beginning of year	carryov	er and prefunding bal	ances				,		
				· · · · · · · · · · · · · · · · · · ·		(a)	Carryover balance		(b) F	Prefund	ing balance
7				cable adjustments (Item 13 f				0			32,398
8	Portion	used to offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0
9								0			32,398
10	Interest	t on item 9 using prior yea	r's actual re	turn of7.10%							2,300
11	Prior ye	ear's excess contributions	to be adde	d to prefunding balance:							
	<b>a</b> Exc	ess contributions (Item 38	3 from prior	year)							45,758
	<b>b</b> Inte	rest on (a) using prior yea	r's effective	rate of 6.62 %							3,029
	<b>C</b> Tota	al available at beginning of	current plan	year to add to prefunding bala	nce						48,787
	<b>d</b> Por	tion of (c) to be added to p	orefunding b	palance							48,787
12	Reduct	ion in balances due to ele	ctions or de	emed elections				0			0
13	Balance	e at beginning of current y	ear (item 9	+ item 10 + item 11d - item	12)			0			83,485
Р	art III	Funding percent	ages								
		· · · · · · · · · · · · · · · · · · ·								14	85.34 %
				je						15	91.49 %
	Prior ye	ear's funding percentage f	or purposes	of determining whether carr	yover/prefui	nding bala	nces may be used t	o reduce		16	93.14 %
17		<del></del>		s less than 70 percent of the						17	%
$\overline{}$	art IV	Contributions ar		<del></del>							
18	Contrib	utions made to the plan fo	or the plan y	ear by employer(s) and emp	loyees:						
(N	(a) Dat 1M-DD-Y			(c) Amount paid by employees	(a) D (MM-DD-		<b>(b)</b> Amount pai employer(s		(c		nt paid by oyees
0.2	09/2	2011	14,000								
					Totals ►	18(b)	1.	4,000	18(c)		0
19	Discour	nted employer contribution	ns - see ins	tructions for small plan with a	valuation o	date after tl	he beginning of the	year:			
	<b>a</b> Cont	ributions allocated toward	unpaid min	mum required contribution fr	om prior ye	ars	L-	19a			0
	<b>b</b> Cont	ributions made to avoid re	strictions a	djusted to valuation date				19b			0
	<b>C</b> Contr	ibutions allocated toward n	ninimum req	uired contribution for current ye	ear adjusted	to valuation	n date	19c			13,437
20	Quarter	ly contributions and liquid	ity shortfalls	:							
	a Did ti	he plan have a "funding sl	hortfall" for t	the prior year?						Х	Yes No
	<b>b</b> If 20a	a is "Yes," were required o	quarterly ins	tallments for the current year	made in a	timely mar	nner?				Yes X No
	<b>C</b> If 20a	a is "Yes," see instructions	and compl	ete the following table as app	olicable:					<b>'</b>	<del>-</del>
			·	Liquidity shortfall as of en	d of Quarter	r of this pla	n year	,			
		(1) 1st	1	(2) 2nd	<b> </b>	(3)	3rd			(4) 4th	1
			1		!						

Pa	art V Assumptio	ons used to determine	funding target and targe	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3 . 3 7 %	2nd segment: 6.04 %	3rd segmen 6.49	it: %	N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	1
22					22	62
23	Mortality table(s) (se	e instructions) X Pre	- —	Prescribed - separate	Substitut	
Pa	rt VI Miscellane	ous items				······································
24	Has a change been n attachment	nade in the non-prescribed act	uarial assumptions for the curre	***************************************		Yes X No
25			an year? If "Yes," see instruction			
<u> 26</u>			Participants? If "Yes," see inst		d attachment.	X Yes No
	If the plan is eligible for regarding attachment	or (and is using) alternative fur	nding rules, enter applicable co	de and see instructions	27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns for prior years		
28	Unpaid minimum requ	uired contribution for all prior ye	ears		28	0
29	Discounted employer	contributions allocated toward	I unpaid minimum required cont	ributions from prior years	20	0
30			stributions (item 28 minus item 2		30	0
		required contribution t			<del></del>	·
31			uctions)		31	
32	Amortization installme		· · · · · · · · · · · · · · · · · · ·	Outstanding Ba	lance	Installment
	a Net shortfall amorti	ization installment			64,869	13,123
	<b>b</b> Waiver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33			ter the date of the ruling letter g		33	
34	Total funding requiren item 33)	nent before reflecting carryove	r/prefunding balances (item 31	+ item 32a + item 32b -	34	13,123
			Carryover balance	Prefunding bala	ince	Total balance
35	Balances used to offse	et funding requirement			13,123	13,123
36	Additional cash require	ement (item 34 minus item 35)			. 36	0
37	Contributions allocated	d toward minimum required co	ntribution for current year adjus	sted to valuation date	37	13,437
38			ar (see instructions)		38	13,437
39			ar (excess, if any, of item 36 ov		39	13,137
40					40	
	· · · · · · · · · · · · · · · · · · ·					

FROM: AXAADVISORS

FAX NO. : 2125411813

i Novini de mara	· HVHHDA ( 301/2)	Short Form Annual Re	hien/Di	aport of Small Employ	100	(	0M8 Nos. 1210-0110 1210-0089
	orm 5500-SF	Snort Form Annual Ne	enefit F	ian Jan			
!	Dopartmont of the Treasury Internal Revenue Service	The form is required to be filed t	oder secti	ons 104 and 4085 of the Employee	;	2	010
Emala	Daparinani of Labor yoo Barahis Security Administration	Retirement Income Security Act Internal Rev	of 1974 (t venue Cod	RISA), and section 6058(a) of the c (the Code).			open to Public pection
	ion Benefit Guaranty Corporation	► Complete all entries in accorda	nce with t	he instructions to the Form 5500	-\$F.		
Part	I Annual Report I	dentification Information	/01/20	10 and ending		12/31/201	Ó
	lendar plan year 2010 or fisc			ployer plan (not multiemployer)	ſ	one-participal	nt plan
	is telfiumebout is ion	اب البا	nal return/				
BTh	is return/report is for:			ear return/report (less than 12 mon	ths)		
	to the second second		utomátic e		[	DFVC progra	m
C Ch	eck box if filing under:	special extension (enter description	)				
· Planel	Mil Dacio Dian Infor	mation—enter all requested informat					
Pari	eme of plan					Three-digit plan number	
J	UVENS INC DEFINEL	) BENEFIT PLAN				(PN) •	001
					10	Effective date of	
					ð.	01/01/2004 Employer Identi	
2a 🖰	jan aponsor's name and ado	tress (employer, if for single-employer p	lan)			(EIN) 13-329	3236
r).	DARNS INC				2c	Plan sponsor's (212) 997-	elephone number
٦	.400 BROADWAY - RM	<b>√</b> 800			2d		see instructions)
				NY 10018-5280		315290	<u></u>
3a 8	IEW YORK Plan administrators name an	id address (if same as Plan sponsor, en	ter "Same"	)	35	Administrator's	EIN
Š	AMÉ				3c	Administrator's	telephone number
						and the second s	
4 11	the name and/or EIN of the	plan sponsor has changed since the last	return/rep	ort filed for this plan, enter the	40	EIN	- nVision - a and experience and a
ħ	ame, EIN, and the plan numi	per from the last returnished.	# 110/11·4		40	PN	
5a	Total number of participants	at the beginning of the plan year	1315635466434643	444 pro 6154665 p) 645 1976 645 645 646 646 646 646 646 646 646 64	5a		manus Control of the American Control
lu.	Tala compar of participants	at the end of the plan year	(4, 1481, 1447)	***************************************	5b		
C	an it is a large of manager of months	with agrount halances as of the end of	the plan ye	ear (defined benefit plans oo not	5c		-
		s during the plan year invested in eligible			.,,,,,,,,,,	***************************************	X Yes No
6a	Were all of the plan's asset	s during the plan year invested in enjury	an indeper	dent qualified public accountant (IC	PA)		X Yes No
D	under 29 CFR 2520.104-46	of the annual examination and report of the second of the	nd conditi	ons.)	ioo.	retrathetaranidera.real	
P. 10.37		? (See instructions on waiver engineer a lither 6a or 6b, the plan cannot use Fo	eni sann-c	or and music motosse and			
-	rt III Financial Infor	Mauoi		(a) Beginning of Year		(b) End	d of Year
7	Plan Assets and Liabilities	rffriðikkrjulfikkjörið þæsijalen þje kjelleti en en en sjóli jólekkk («(jæsielyk)	7a	1,334,0	09		1,331,38
a b	Total plan assets	***************************************	7b		0		1,331,38
Ċ	Net plan assets (subtract lin	ne 7b from line 7a)	7c	1,334,0	0.9	(h)	
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amount		(0)	Total
a	Contributions topolived of the	ecelvable from:	8a(1)	14,0	00		the state of the state of
	(1) Employers	ediristiska andria franciska franciska franciska franciska franciska franciska franciska franciska franciska f			<u> </u>		
	(2) Panicipality	•1\$)	8a(3)	anner - Carriera de la carriera del carriera de la carriera del carriera de la carriera del la carriera de la carriera del la carriera de la	_이		
b	Other Income (loss)	***************************************	80	60,1	<u> 60 -</u>	· · · · · · · · · · · · · · · · · · ·	74,16
c	Total income (add lines 8a)	(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>		
d	Donatile noid /including diff	ect rollovers and insurance premiums	l .	76,7	85		
	to provide generalist	rective distributions (see instructions)	89		의.		
e f	Administrative service prov	viders (salaries, fees, commissions)	81		0		
, g	Other expenses		80	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			76,78
h	Total expenses (add lines	8d, 8e, 8f, and 8g)	- 80			ستعديث والمتاهدة	(2,625
i	Net income (loss) (subtrac	t line 8h from line 8c)	. <u>8i</u>	The state of the second	0:		
Ĭ	Transfers to (from) the pla	n (see instructions)	8	n 5500-SF.	بباجيب		Form 8800-SF (2010

	A-1100 F-11-11	Form 5500-SF 2010	Р	age 2-	······································	<del></del>					
Par	t IV	Plan Characteristics							· · · · · · · · · · · · · · · · · · ·	-	
9a	If the	plan provides pension benefits, enter the applicable pension fe	ature codes from the	List of Plan Char	acleris	tic Co	des in	the inst	uction	<b>5</b> :	- ME
ь	If the	1A 1G 1I 3D plan provides welfare benefits, enter the applicable welfare fee	iture codes from the	List of Plan Chara	cteris	tic Co	des in	the instr	uctions		
<del></del>	· · · · · · · · · · · · · · · · · · ·			***	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	·····	*******	,			,, <sub>17,166</sub>
Part	V	Compliance Questions	· · · · · · · · · · · · · · · · · · ·					·····		-	<del></del>
10	Duri	ng the plan year;	Alton Sta	. S. r. s		Yes	No		Am	ount	******
	29	there a failure to transmit to the plan any participant contributio CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	aw)	10a		х				
þ	Wer on li	e there any nonexempt transactions with any party-in-interest? (	(Do not include trans	actions reported	10b		X				
С	Wa	s the plan covered by a fidelity bond?	pp444084010p01044.784884\$45454488	*11464361424554145444	10c		X				
d	Old	the plan have a loss, whether or not reimbursed by the plan's fic	lelity bond, that was	caused by fraud	10d		X.				
e	Wer	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of t uctions.)	persons by an insur the benefits under th	rance carrier, e plan? (See	100		х		, <u></u>	پښومتنانه د نمل	gen gertrenten de geleg de gel
f		the plan failed to provide any benefit when due under the plan?			10f		Х			************	
•		the plan have any participant loans? (If "Yes," enter amount as			10g		X		*****		
â		na plan nave any pamerpant loans? (ii 192, enter amount as t is is an individual account plan, was there a blackout period? (Si			700				· · · · · · · · · · · · · · · · · · ·		
;ı	2520	0.101-3.)	941246122881422444444444444444	**************	10h		<b></b>	-			·
ļ:	exce	th was answered "Yes," check the box if you either provided the options to providing the notice applied under 29 CFR 2520.101-	requireo notice ar oi	e of the	10ì			<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>		
Part		Pension Funding Compliance				<del></del>	<del></del>	*********	<del> </del>	-,	
11		is a defined benefit plan subject to minimum funding requiremen							<u> </u>	Yes	No
12		is a delined contribution plan subject to the minimum funding re								Yes	X No
a	Ifav	'es." complete 12a or 12b, 12c, 12d, and 12e below, as applicate valver of the minimum funding standard for a prior year is being ting the waiver.	amortized in this pla	n year, see instruc	ctions,	and e	inter th	ie date o	f the le	iter ru	ling
lf s	ក្សាន ប្រធារ	ompleted line 12a, complete lines 3, 9, and 10 of Schedule N	ИВ (Form 5500), an	d skip to line 13.	***	<del>- pri vi izra izi</del>	uaj			"	
	•	r the minimum required contribution for this plan year				_ا ا	12b		and the second	Designation of the Party of the	
		r the amount contributed by the employer to the plan for this pla				1	12c			Mary Mary Care dura	***************************************
	Subi	rect the amount in line 12c from the amount in line 12b. Enter th	e result (enter a min	us sign to the left	of a		12d		<del></del>	-	<del></del>
ě		the minimum funding amount reported on line 12d be met by the				_	(1)	Yes	П	Vo.	N/A
Part		Plan Terminations and Transfers of Assets			******	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			نو معالات الدرده	-	والمارية والمارية والمارية
		s resolution to terminate the plan been adopted during the plan	veer or shy bridt vas	17	<del> </del>	<del></del>				Yes	X No
IVa		es," enter the amount of any plan assets that reverted to the em	•			Γ'	13a		······································	-	
b	Wer	e all the plan assets distributed to participants or beneficiaries, to e PBGC?	ansferred to another	plan, or brought i	ınder	the co			П	Yes	X No
c	lf du	ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred, (See Instructions.)							لبيا		Ο
	-				<u> </u>	43/	(2) El	N/e\	7	43×/41	PN(s)
············	136(1)	Name of plan(s):				191	Alt Lan	11(0)		( cota)	1114(0)
						<del>- Cardedon</del>		aaaa heeb		*******	<del></del>
			napan sanan darih bel didilikinin sanan disirkini			<del> , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·			· • • • • • • • • • • • • • • • • • • •	
Caut	ion: A	penalty for the late or incomplete filing of this return/repor	t will be assessed :	uniess reasonabi	e cau	se is	establ	ished.			
SBo	ir Šchi	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.	declare that I have as the electronic vers	examined this return/ sion of this return/	rn/represent	ort, in and t	cluding o the t	g, if appli sest of m	caole, y know	a Sche ledge	adule and
· loso	.,	7. 7 7/2-	10/2/11	YONG HWANG					,		
SIG		Signature of plan administrator	Date	Enter name of in	dividu	al sigr	ning as	plan adı	ministr	ator	
				YONG HWANG			.,				
SIG		The server of many accomplished the three trees	Male	Enter name of in	dividn	al sia	บ่าน สล	amnlove	ar or ol	an soc	ากรถา

## Attachment to 2010 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

				T
Date of	_	Year	Effective	Interest Adjusted Contribution:
Contributon	Amount	Applied 2010	Interest Rate	Contribution:
09/09/2011	14,000	2010	6.13	13,437
			_	

### Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name JUVENS INC DEFINED BENEFIT PLAN	i	EIN:	13-3293236
Plan Sponsor's Name JUVENS INC		PN:	001
The weighted average retirement age is equal to the normal retirement age of	62		
List the rate of retirement at each age and describe the methodology used to describe the methodolo	etirement ag	_	hted average

### Attachment to 2010 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	84,100	12/31/2008	5	17,953
SHORTFALL	(80,243)	12/31/2009	6	(14,777)
SHORTFALL	61,012	12/31/2010	7	9,947