Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2011

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa				
	Name of plan	ttioi i		1b	Three-digit
	NS INC DEFINED BENEFIT PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identification Number
	ENS INC	ripioyer, ii	Tot a single employer plant	20	(EIN) 13-3293236
				2c	Sponsor's telephone number
1400	BROADWAY - RM 800				212-997-4428
	YORK, NY 10018-5280			2d	Business code (see instructions)
					315290
	Plan administrator's name and address (if same as plan sponsor, en NS INC 1400 BROAD)			3b	Administrator's EIN 13-3293236
OOVL	NEW YORK, N			3c	Administrator's telephone number
					212-997-4428
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN
5a	•			5a	3
b	Total number of participants at the end of the plan year			5b	
C	Number of participants with account balances as of the end of the pl			30	
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		<u>N</u> 163 [] NO
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	1331384		1525776
b	Total plan liabilities	7b	0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	1331384		1525776
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		370000		
	(1) Employers	8a(1)		_	
	(2) Participants	8a(2)	0	-	
L	(3) Others (including rollovers)	8a(3)		-	
b	Other income (loss)	8b	30032		400032
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			400032
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	205640		
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			205640
i	Net income (loss) (subtract line 8h from line 8c)	8i			194392
j	Transfers to (from) the plan (see instructions)	8j	0		

Form	5500-	SF.	201

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 - 1A 1G 1I 3D

HERE

Signature of employer/plan sponsor

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х			
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Month of the minimum funding 12a complete lines 2.0 and 10 of Schodule MP (Form 5500) and skin to line 12a.						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
b				12c			
C d	Enter the amount contributed by the employer to the plan for this plan year						
<u>.</u>	negative amount)			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 in any plan year?				Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returns Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returns, it is true, correct, and complete.	ırn/rep	port, ir	cludin	g, if applicab		

SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

SIGN

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2011

This Form is Open to Public

Inspection

OMB No. 1210-0110

							File as	an attach	nment to Fe	orm 5500	or 550	00-SF.							
Fo	or cale	ndar p	lan year 2	011	or fiscal plan	yea	r beginning 0	1/01/2011	1			and en	nding	12/31/	201	1			
)	Rour	nd off	amounts	to r	nearest dollar														
)	Caut	ion: A	penalty o	f \$1	,000 will be as	ses	sed for late filing o	of this rep	ort unless r	easonable	caus	e is establis	shec	l.					
	Name IVENS			BEN	NEFIT PLAN						В	Three-	•				00	01	
												pian ne	illib	ei (FIN)		<u>*</u>			_
С	Plan s	pons	or's name	as s	shown on line	2a o	f Form 5500 or 55	00-SF			D	Employe	er Id	entification	n Nu	ımber (EIN)		
	VENS											13-329323	6				,		
Ε	Туре	of plan	: X Sing	е	Multiple-A		Multiple-B		F Prior year	ar plan size	: X 1	00 or fewer	. [101-500		More t	than 500		
Р	art I	В	asic Inf	orn	nation														
1			valuation			Mo	nth <u>12</u> [Day31	Ve	ar 2011									_
2		ets:	valuation	uait	J.	IVIO		Jay		ai									
_														20				115577	76
	a													2a					
	b	Actu	arial value											2b				115577	/6
3	Fur	nding	target/part	icipa	ant count brea	kdov	wn:			(1) Num	ber of part	icipa			(2)	Funding ⁷	Target	
	а	For	retired par	ticip	ants and bene	eficia	aries receiving pay	ment	3a					0					C
	b	For	terminated	l ve	sted participar	nts			3b	1				0					0
	С	For	active par	icip	ants:														
		(1)	Non-vest	ed b	enefits				3c(I)									0
		(2)	Vested b	ene	fits													149154	41
		(3)												2				149154	41
	d	` '								-				2				149154	11
4											П			_					
4	II tr						ox and complete li							_					_
	а	Fund	ding target	dis	regarding pres	crib	ed at-risk assumpt	tions						4a					_
	b						imptions, but disre secutive years and							4b					
5	Effe								•					5				5.36 %	,
6														6					0
			Enrolled																_
	To the accorda	best of ance wi	my knowledge th applicable	e, the aw a	information suppli nd regulations. In r	ny op	this schedule and accominion, each other assumence under the plan.												
	SIGN	J																	
	HERI														(03/29/2	2012		
		_			Cian	atur	e of actuary									Date			_
GF	RHAR	D GE	BAUER E	Δ	Sign	alui	e or actuary									11-020	250		
<u> </u>	1117111	D 0L	D/ (OLIV E									-							
		DEN	OLON OF			rint	name of actuary							Most rec				per	
AL	HGRO	PEN	SION SEF	(VIC	JES, INC.												9-0200		
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		,																	
					ΔΔ.	dres	s of the firm												
					Au	u1 63													_
	e actu	•	as not fully	refl	ected any reg	ulati	on or ruling promu	lgated un	der the sta	tute in com	pletin	g this sche	dule	, check th	ne bo	ox and	see		

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Schedule SB (Form 5500) 2011

Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	Pa	rt II	Begir	ning of year	carryove	er and prefunding ba	lances						
Separation Se								(a) (Carryover balance		(b) l	Prefundi	ng balance
13123 9 Amount remaining (line 7 minus line 8)	7		Ū	0 , ,		,				0			83485
10 Interest on line 9 using prior year's actual return of 4.70% 3307 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year) 12661 b Interest on (a) using prior year's effective rate of 6.13 % except as otherwise provided (see instructions) 0 c Total available at beginning of current plan year to add to prefunding balance	8			•	-	•							13123
11 Prior year's excess contributions to be added to prefunding balance:	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			70362
a Present value of excess contributions (line 38 from prior year)	10	Interest	t on line 9	using prior year's	s actual ret	turn of4.70%							3307
b Interest on (a) using prior year's effective rate of otherwise provided (see instructions). C Total available at beginning of current plan year to add to prefunding balance	11	Prior ye	ear's exce	ess contributions t	o be added	d to prefunding balance:							
therwise provided (see instructions)		a Pre	sent valu	e of excess contri	butions (lin	ne 38 from prior year)							12661
d Portion of (c) to be added to prefunding balance. 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d − line 12). 0 86330 Part III Funding percentages 14 Funding target attainment percentage. 14 71,39 % 15 Adjusted funding target attainment percentage. 15 71,33 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 91,49 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) employeers (MM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mmployers) (mM-DD-YYYY) (mmployers) (mM-DD-YYYY) (mmployers) (mM-DD-YYYY) (mmployers) (mM-DD-YYYY) (mmployers) (0
12 Other reductions in balances due to elections or deemed elections. 0 86330 Part III Funding percentages 14 Funding target attainment percentage. 15 71,33 % 15 Adjusted funding target attainment percentage. 15 71,33 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 91,48 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY) (employer(s) by employer(s) are ployees) (3)/13/2012 370000 (MM-DD-YYYY) (MM-DD-YYYYY) (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YY		C Tota	al availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						12661
Part III Funding percentages 14 Funding target attainment percentage		d Por	tion of (c)	to be added to pr	efunding b	palance							12661
Part III Funding target attainment percentage. 14 71,38 % 15 Adjusted funding target attainment percentage. 15 71,33 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 91,49 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) and employees (c) Amount paid by employer(s) (e) Amount paid by	12	Other r	eductions	s in balances due	to elections	s or deemed elections				0			0
14 Funding target attainment percentage	13	Balance	e at begir	nning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12	.)			0			86330
15 Adjusted funding target attainment percentage	P	art III	Fun	ding percenta	ages								
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Funding	g target a	attainment percent	age							14	71.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	15	Adjuste	ed funding	g target attainmen	t percentaç	ge						15	71.33 %
Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYY) (MM-DD-YYYYYYY) (MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY		Prior ye	ear's fund	ling percentage fo	r purposes	of determining whether car	ryover/prefur	nding balar	nces may be used	to reduce		16	91.49 %
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 (MM-DD-YYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYYYYYYYYYY) (MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	17	If the co	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
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 (MM-DD-YYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYYYYYYYYYY) (MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Pa	art IV	Con	tributions and	d liquidi	ty shortfalls							
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees 03/13/2012 370000 Totals ► 18(b) 370000 18(c) 0 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and em	ployees:						
Totals ► 18(b) 370000 18(c) 0 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date	(M										(0		
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	03	/13/2012	2		370000								
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
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19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years												,	
a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date							Totals ►	18(b)		370000	18(c)		0
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation of	late after th	ne beginning of the	year:			
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward	unpaid min	imum required contributions	s from prior y	ears		19a			0
		b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0
20 Quarterly contributions and liquidity shortfalls:		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c			366167
	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:							,
a Did the plan have a "funding shortfall" for the prior year?				_								<u> </u>	Yes No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		b If 20	a is "Yes,	" were required qu	uarterly ins	stallments for the current year	ar made in a	timely man	ner?			<u></u>	Yes X No
C If 20a is "Yes," see instructions and complete the following table as applicable:		C If 20	a is "Yes,	" see instructions	and compl								
Liquidity shortfall as of end of quarter of this plan year (1) 10t (2) 2rd (4) 4th			(1) 4	> +			nd of quarter					(A) A±1.	<u> </u>
(1) 1st (2) 2nd (3) 3rd (4) 4th			(1) 18	ol .		(Z) ZIIŪ		(3)	งเน			(4) 4tr	I

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost								
21	Disco	ount rate:													
	a Se	egment rates:	1st segment: 2.01%		2nd segment: 5.16%		3rd segment: 6.28 %		N/A, full yield curve used						
	b At	policable month	(enter code)		1			21b							
22								22	62						
23		ality table(s) (see		_	escribed - combined		scribed - separate	Substitut							
		1	_	1					•						
		Miscellane													
		•	•		uarial assumptions for the cu		•		· · · · · · · · · · · · · · · · · · ·						
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No						
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	X Yes No						
27		plan is eligible for ding attachment													
	rt VII														
					years			28	0						
<u>29</u>					I unpaid minimum required o			29	0						
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0						
Pa	rt VIII	Minimum													
31	Targe														
	Target normal cost and excess assets (see instructions): a Target normal cost (line 6)														
	b Excess assets, if applicable, but not greater than 31a														
32	32 Amortization installments: Outstanding Balance Installment														
	a Ne	et shortfall amort	ization installment					336079	57692						
	b Wa	aiver amortizatio	on installment					0	0						
33					ter the date of the ruling lette			33							
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	57692						
			<u> </u>		Carryover balance		Prefunding bala	nce	Total balance						
35	Ralan	nces elected for i	use to offset funding		,		<u> </u>								
00									0						
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	57692						
37			·		ontribution for current year a	•		37	366167						
38	Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)										
	a To	tal (excess, if an	ny, of line 37 over line 36	6)				38a	308475						
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	dard o	carryover balances	38b	0						
39	Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over	ine 37)	39	0						
40	Unpa	id minimum requ	uired contributions for al	l years				40	0						
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20)10 (see instructions)								
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ursuant to an alternative amo	rtizati	on schedule:								
	a Sch	nedule elected							2 plus 7 years 15 years						
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011						
42	Amou	int of acceleratio	n adjustment					42	_ 						
					d over to future plan years			43							

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2011 Nonannuitant Male

Female Nonannuitant:

2011 Nonannuitant Female

Male Annuitant:

2011 Annuitant Male

Female Annuitant:

2011 Annuitant Female

Applicable months from valuation month:

No

Probability of lump sum: Use pre-retirement mortality: 0.00%

Stability period:

plan year

Use optional combined mortality table for small plans:

Lookback months:

Use discount rate transition:

Actuarial Equivalent Floor

Lump sums use proposed regulations:

1st

2.47

0.00

1

Nonannuitant:

None

<u>2nd</u>

5.07

0.00

Annuitant:

Current:

Override:

2011 Applicable

<u>3rd</u>

6.10

0.00

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	2.01	5.16	6.28
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	2.01	5.16	6.28
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00% 0.00% Female:

Withdrawal

Male: None Female: None

Withdrawal-Select

Male: Female:

None None

Early Retirement Rates

Male: Female:

None None

Subsidized Early Retirement Rates

Male:

None

Female:

None

Late Retirement Rates

Male:

None None

Female:

Marriage Probability

0.00%

Male: Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

None

Female:

Female:

None

Male:

None None

Mortality

0 0

Setback

Setback

0

Yes

No

Yes

Name of Plan:

JUVEN'S, INC. DEFINED BENE

Plan Sponsor's EIN:

13-3293236

Plan Number:

001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

Earnings

20

Definition of years:

Hours worked

Age (months): Wait (months): 6 6 **Continuing hours: Excluded classes:**

1,000 Other

Two year eligibility:

No

Total compensation excluding:

403(b) Cafeteria Other

Prior to participation 415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age: Service: 62 0

Participation:

5

1st of month Defined:

following

Benefit Reduction / Mortality table & setback

Male:

Actuarial Equivalence

Actuarial Equivalence

None None 0 0

Female:

Actuarial Equivalence

Actuarial Equivalence

None

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

None

Use Social Security Retirement Age: No

REACT Benefits Percentage:

50.00%

Vesting Schedule:

2/20

Pre-retirement death benefit

100.00%

Vesting Definition:

Hours Worked

Annuity

Percentage of accrued benefit: Death Benefit Payment method: PVAB

Normal:

QJSA:

Life only Joint and contingent **Percent** 0.00% 50.00%

Years 0 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 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 Compensation

Apply exclusion to accrued benefit:

No

Based on:

Final Average

Annualize short compensation years: No

Highest:

3

Annualize short plan years:

No

In the last: **Excluding:**

0 0

Include compensations based on years of:

Accrual

Accrual

Frozen:

Yes

Definition of years:

Hours worked

Fractions based on: N/A

1000

Accrual credit:

Continuing 1000 1000

<u>Died</u> **Disabled** 1000

Terminated Retired 1000

Precision:

N/A

Limit current credit to:

N/A

Years based on:

Service

Cap/floor years:

99

No

Maximum past accrual years:

0.0000

Cap or floor:

Method:

Fractional

Accrual % per year:

Cap 0.00%

Apply 415 before accrual:

Name of Plan:

JUVEN'S, INC. DEFINED BENEFIT PLAN

Plan Sponsor's EIN:

13-3293236

Plan Number:

001

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

40 & Up Avg.	Comp	0		0	0	0	0	0		0	0		0		0	0
40 4	No.	0		0	0	0	0	0		9	0	7	0		0	0
35 To 39 Avg.	Comp	0		0	0	0	0	0		0	0		0		0	0
35	Š.	0		0	0	0	0	0		0	0		0		0	0
30 To 34	Comp	0		0	0	0	0	0		0	0		0		0	0
30	No.	0	1	9	0	0	0	0		0	0		0		0	0
25 To 29 Avø.	Comp	0		0	0	0	0	0		0	0		0		0	0
25.	No.	0		0	0	0	0	0		0	0		0		0	0
20 To 24	Comp	0		0	0	0	0	0		0	0	_	0	İ	0	0
20.	No.	0		0	0	0	0	0		0	0		0		0	0
15 To 19 Avo	Comp	0		0	0	0	0	0		0	0		0		0	0
15 T	No.	0		0	0	0	0	0		0	0	-	0		0	0
0 14	Comp	0		0	0	0	0	0		0	0		0		0	0
10 To	No.	0		0	0	0	0	0		0	1		1		0	0
5 To 9	Comp	0		0	0	0	0	0	!	0	0		0		0	0
5.7	Ňo.	 0		0	0	0	0	0		0	0		0		0	0
1 To 4	Avg. Comp	0		0	0	0	0	0		0	0		0		0	0
1.7	No.	0		0	0	0	0	0		0	0		0		0	0
Under 1	Avg. No. Comp	0		0	0	0	0	0		0	0		0		0	0
n	Š	0		0	0	0	0	0		0	0		0		0	0
1000	Attained	Under 25		25 to 29	30 to 34	35 to 39	40 to 44	45 to 49		50 to 54	55 to 59		60 to 64		65 to 69	70 & Up

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

Plan number: EIN:

001 13-3293236

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

	File as an attachmen	nt to Form	5500 or 8	5500-SF.				
For ca	elendar plan year 2011 or fiscal plan year beginning 01/0	1/2011		and e	ending		12/	31/2011
Ro	ound off amounts to nearest dollar.							
Ca	ution: A penalty of \$1,000 will be assessed for late filing of this report u	inless reaso	nable ca	use is establ	lished.			
A Nar	me of plan			B Three plan r	⊱digit number (F	N)	•	001
7777	DIG ING DESTREE DEADERS DE AN				1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
	ENS INC DEFINED BENEFIT PLAN n sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employ	vor Idontii	licatio	n Number	/EIN\
C Pia	n sponsors name as snown on the 2a of Form 3500 of 3500-5F			Employ	yer idenili	licatio	ii ivuilibei	(CIN)
JUV	ENS INC			13-32	293236			
Етур	e of plan: 🛛 Single 🗌 Multiple-A 📗 Multiple-B 📗 🖡 F	Prior year pla	ın size: 🛚 🛚	100 or few	er 🗌 10	1-500)	than 500
Part	Basic Information							
1 8	Enter the valuation date: Month 12 Day 31	Year_	2011	-				
2 /	Assets:					75) 75)		
á	Market value				2	a		1,155,776
ł	Actuarial value				2	b		1,155,776
3	Funding target/participant count breakdown:		(1) N	lumber of pa	rticipants		(2) Funding Target
;	a For retired participants and beneficiaries receiving payment	3a	, ,			0	······	0
ı	b For terminated vested participants	3b		,	-	0		0
	C For active participants:	·	Miles 4			1.5		
	(1) Non-vested benefits	3c(1)	Fe.			3	100	<u> </u>
		0 (0)				1.0 H		1,491,541
		3c(3)	(a) (1.1 (g))	and the second	1.5 94.5	2		1,491,541
	d Total	3d				2		
	f the plan is in at-risk status, check the box and complete lines (a) and (1		n			. J. 1 . L	1,491,541
4 1	•			_	[2	40		
•	a Funding target disregarding prescribed at-risk assumptions					a		
	b Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding					b		
5	Effective interest rate			-		5		5.36 %
6	Target normal cost				(6		0
To acc	ment by Enrolled Actuary the best of my knowledge, the information supplied in this schedule and accompanying schedul cordance with applicable law and regulations. In my opinion, each other assumption is reasonab mbination, offer my best estimate of anticipated experience under the plan.	es, statements le (taking into a	and attachm	nents, if any, is co experience of the	omplete and plan and re	accurat	te. Each preso le expectation	cribed assumption was applied in is) and such other assumptions, in
	GN belowed below	u			Mar	L	29	2012
	Signature of actuary						Date	
GERH	ARD GEBAUER EA						11-02	059
	Type or print name of actuary				Mo	ost red	cent enroll	ment number
ALTI	GRO PENSION SERVICES, INC.					(9	73) 43	9-0200
3 US	Firm name HIGHWAY 46 WEST				Telepho	one n	umber (inc	cluding area code)
FAIR		04-290	4					
	Address of the firm							
If the a	ctuary has not fully reflected any regulation or ruling promulgated under	the statute	in comple	eting this sch	nedule, ch	neck ti		
For Pa	perwork Reduction Act Notice and OMB Control Numbers, see the	instruction	s for Fo	rm 5500 or	550 <mark>0-SF</mark> .		Sched	iule SB (Form 5500) 2011 v.012611

Page	2	-
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Pa	rt II Be	ginning of year car	yover and prefunding ba	lances					······································
					(a) (Carryover balance	(t) Prefund	ng balance
7 —			applicable adjustments (line 13	•			0		83,485
8			ear's funding requirement (line 35						13,123
9		·					0		70,362
10	Interest on I	ne 9 using prior year's act	ual return of4 . 70 %						3,307
11	Prior year's	excess contributions to be	added to prefunding balance:						
			ns (line 38 from prior year)						12,661
	b Interest otherwis	on (a) using prior year's eft e provided (see instruction	ective rate of <u>6 · 13</u> % exceps)	ot as					776
	C Total ava	ilable at beginning of curren	t plan year to add to prefunding bal	ance					13,437
	d Portion	f (c) to be added to prefur	ding balance						13,437
12	Other reduc	ions in balances due to el	ections or deemed elections				0		0
13	Balance at I	eginning of current year (I	ne 9 + line 10 + line 11d – line 12	2)			0		87,106
P	art III 📗 F	unding percentage	S	_					
14	Funding tar	et attainment percentage						14	71.33 %
15	Adjusted fur	ding target attainment per	centage					15	71.33 %
16			poses of determining whether ca					16	91.49 %
17	If the curren	value of the assets of the	plan is less than 70 percent of th	e funding ta	rget, enter s	such percentage	•••••	17	%
Pa	art IV	Contributions and lie	quidity shortfalls						
18	Contribution	s made to the plan for the	plan year by employer(s) and em	ployees:					
(N	(a) Date IM-DD-YYYY	(b) Amount paid b employer(s)	y (c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s			nt paid by oyees
0.3	3/13/201	370,	000						
					····				
1 	·	· · · · · · · · · · · · · · · · · · ·		Totals □	18(b)	•	0,000 18(c)	0
19	Discounted	employer contributions – s	ee instructions for small plan with	a valuation	date after t				
			id minimum required contribution			_	19a		0
	b Contribut	ons made to avoid restrict	ons adjusted to valuation date			-	19b		0
	C Contributi	ons allocated toward minimu	m required contribution for current	year adjuste	to valuation	n date	19c		366,167
20	Quarterly co	ntributions and liquidity sh	ortfalls:					· · ·	
	-	-	II" for the prior year?					L.	Yes No
	b If 20a is '	Yes," were required quarte	rly installments for the current ye	ar made in a	timely mar	ner?			Yes X No
	C If 20a is "	Yes," see instructions and	complete the following table as a						
		4-1	Liquidity shortfall as of	end of quarte				(4)	
	(1	1st	(2) 2nd		(3)	3rd		(4) 4t	·
			 						

Pa	rt V	Assumptio	ns used to determine	funding target and target	normal cost				
21	Discour	nt rate:				-			_
	a Seg	ment rates:	1st segment: 2 . 01 %	2nd segment: 5 . 1 6 %	3rd segment: 6.28 %		N/A, full yiel	d curve used	
	b App	licable month	(enter code)			21b			1
22	_					22		(62
					escribed - separate	Substitu	ite		_
Pai	rt VI	Miscellane	ous items						
24		· · · · · · · · · · · · · · · · · · ·		tuarial assumptions for the currer	t plan year? If "Yes " see i	instruction	s regarding require	d.	
		-	· ·					Yes X No)
25	Has a n	method change	e been made for the current p	an year? If "Yes," see instruction	s regarding required attact	hment		Yes X No	
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ictions regarding required	attachmen	tX	Yes No)
27		•	,	nding rules, enter applicable code		27			
Pa	rt VII	Reconcilia	ation of unpaid minim	um required contribution	s for prior years				
28	Unpaid	minimum requ	uired contributions for all prior	years		28			0
29				d unpaid minimum required contri	· · · · · · · · · · · · · · · · · · ·	29			0
30	Remain	ning amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30			0
Par	rt VIII	Minimum	required contribution	for current year					
31	Target	normal cost a	nd excess assets (see instruc	tions):					
	a Targ	et normal cost	t (line 6)			31a			0
	b Exce	ess assets, if a	applicable, but not greater that	1 31a		31b			0
32	Amortiz	zation installm	ents:		Outstanding Bala	nce	Installı	ment	
	a Net	shortfall amort	tization installment		3	36,079		57,6	92
	b Wai	ver amortizatio	on installment			C			0
33	If a wai			nter the date of the ruling letter grammer.) and the waived amount.		33			
34	Total fu	ınding require	ment before reflecting carryov	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		57,6	<u></u>
			· · · · ·	Carryover balance	Prefunding balar	ice	Total ba	alance	
35			use to offset funding						0
36	Additio	nal cash requi	rement (line 34 minus line 35)			36		57,6	92
37	Contrib	outions allocate	ed toward minimum required o	ontribution for current year adjus	ed to valuation date	37		366,1	67
38	Presen	t value of exce	ess contributions for current ye	ear (see instructions)					
	a Tota	I (excess, if ar	ny, of line 37 over line 36)			38a		308,4	 75
_				f prefunding and funding standard		38b			0
39	Unpaid	l minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	r line 37)	39			0
40	Unpaid	l minimum req	uired contributions for all year	S		40			0
Pa	rt IX	Pension	funding relief under P	ension Relief Act of 2010	(see instructions)				
41	If a sho	rtfall amortiza	tion base is being amortized p	ursuant to an alternative amortiza	ition schedule:				
	a Sche	edule elected .					2 plus 7 years	15 years	
	b Eligib	ble plan year(s	s) for which the election in line	41a was made		20	08 2009 201	10 2011	
42			<u> </u>			42			
				ed over to future plan years		43			
							J		

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

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

5			Ecc 4	
Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied 2011	Interest Rate	Contribution:
03/13/2012	370,000	2011	5.36	366,167

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name JUVENS INC D	EFINED BENEFIT PLAN	EIN:	13-3293236
Plan Sponsor's Name JU	VENS INC	PN:	001
The weighted average retiren	nent age is equal to the normal retirement age of $\frac{62}{}$.		
retirement age, including a de	each age and describe the methodology used to compute the escription of the weight applied at each potential retirement	age.	hted average

Attachment to 2011 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	69,717	12/31/2008	4	17,953
SHORTFALL	(71,030)	12/31/2009	5	(14,777)
SHORTFALL	55,548	12/31/2010	6	9,947
SHORTFALL	281,844	12/31/2011	7	44,569
	201,011	12/ 31/ 2011	,	11,305