Form 5500-SF Short Form Annual Return/Rep				of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan				2013			
	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employ			ctions 6057(b) and 6058(
	enefit Guaranty Corporation)-SF.	Ins	spection				
Period Benefit Guaranty Colporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This re	turn/report is for:	🛛 a single-employer plan 🔤 a	multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:		ne final return/report						
an amended return/report a short plan year return/report (less than					onths)			
C Check box if filing under:					DFVC program				
		special extension (enter description)							
Part II		nation—enter all requested informati	on		41		1		
1a Name ELEGANT E	of plan ATING, LTD. 401(K) PR	OFIT SHARING PLAN			16	Three-digit plan number (PN) ►	001		
				-	1c	Effective date o	f plan		
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi			
					2c	Sponsor's telep			
	FOWN BYPASS /N, NY 11787				2d		(see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b	Administrator's	EIN		
ELEGANT EA	TING, LTD	739 SMITHTOW SMITHTOWN, N		-	30		397707 telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN				
'	or's name	the beginning of the plan year				C PN			
		the beginning of the plan year the end of the plan year			5a				
					5b		17		
		count balances as of the end of the pla	•		5c		12		
	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
C If the	plan is a defined benefit p	blan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable caus	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN HERE	Filed with authorized/va	lid electronic signature.	09/30/2014	NEIL SCHUMER	MER				
	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date		I signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional) -	Prep	parer's telephone	number (optional)		
1									

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2520.101-3.) 10h X 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 X Part VI Pension Funding Compliance 10i X Image: Compliance of the exceptions and complete Schedule SB (Form 5500) and line 11a below) 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Image: Test the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Image: Test the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Image: Test the Unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Image: Test the Unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Image: Test the Unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Image: Test the Unpaid test to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Image: Test test test test test test test test	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n?	tion Program) lude transactions reported that was caused by fraud that was caused by fraud any an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	x x x x x		Amount	35000	
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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the waiver. 	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	x x x x x x	x x x x x		Amount		
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud and that was caused by fraud and the plan? (See and the	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Sched	X X X X X ule SB	(Form		12656	
granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Sched	X X X X X ule SB	(Form	Yes	12650	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefit n? is of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements , as applicabl	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se	X X X X Sched	X X X X X X X X X X X X X X X X X X X	(Form	Yes	35000 12650	
b Enter the minimum required contribution for this plan year 12b	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements , as applicabl ng amortized	tion Program) lude transactions reported that was caused by fraud and insurance carrier, ts under the plan? (See and the	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X X X X Sched	X X X X X X X X X X X X X X X X X X X	(Form ERISA?	Yes	12656	

C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
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?	Ye	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Tru	ust's EIN				