## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Per	ision Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instru	ctions to the Form 550	0-SF.		spection
Par	τl	Annual Report lo	dentification Information				•	
For c	alenda	ar plan year 2013 or fisc	al plan year beginning 01/01	/2013	and ending 1	12/31/2	2013	
		urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-partici	pant plan
ВП	nis reti	urn/report is:	the first return/report	the final return/report				
		l	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	)	
<b>C</b> C	heck t	oox if filing under:			DFVC progra	am		
Par	4 II	Basic Blan Infor	special extension (enter desc <b>mation</b> —enter all requested in	· /				
		of plan	mation—enter all requested in	liornation		1h	Three-digit	1
		•	ORATED 401K PROFIT SHARIN	NG DI ANI AND TRUST		יוו	plan number	
_1111/7/1	NOLD	LII LOTTLLO INCONT	SKATED 40TKT KOLLI SHAKII	NOT LAIN AIND TROOT			(PN) ▶	001
						1c	Effective date of	f plan
								/2010
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ENHANCED LIFESTYLES INCORPORATED					2b		fication Number
						2c	Sponsor's telep	hone number
		STREET						0-4100
PURT	CHES	STER, NY 10573-3369				2d	Business code 3343	(see instructions)
<b>3a</b> ⊦	Plan ad	dministrator's name and	address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
								·
			plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN	
		·	ber from the last return/report.			4-	DNI	
	•	or's name	A Alexander and Alexander and Alexander			4c	PN T	
_			t the beginning of the plan year.			5a		7
		• •	t the end of the plan year ecount balances as of the end of			5b		7
					•	5c		5
		-	during the plan year invested in e	•	•			X Yes No
			he annual examination and repo					V voc □ No
			(See instructions on waiver eligitner line 6a or line 6b, the plan					X Yes   No
	-		plan, is it covered under the PB0					Not determined
			•		<u> </u>			
		•	incomplete filing of this retur	•				
SB or	· Sche		er penalties set forth in the instru I signed by an enrolled actuary, a ete.					
CION		Filed with authorized/va	alid electronic signature.	1	<u> </u>			
SIGN			-	Data	Foton popular of individ			
0101		Signature of plan administrator Date Enter name of indivi		uai sig	Jilling as plan aui	ministrator		
SIGN								
Drone	ror'o	Signature of employer		Date	Enter name of individ			
riepa	ai ei Si	name (including limi hal	me, if applicable) and address; ir	notable room of Suite number	ει (υμιιυτιαι)	Fiep	arer s tereprione	number (optional)

Form 5500-SF 2013 Page **2** 

Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea		T		(b) End of Voor	
		(*, -,		83427			(b) End of Year 155423	
	Total plan assets  Total plan liabilities	7a 7b		0	-		0	
	Net plan assets (subtract line 7b from line 7a)		8342			155423		
		7c						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
a	(1) Employers	8a(1)	2526	6				
	(2) Participants	8a(2)	2800	5				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1872	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					71996	
d	Benefits paid (including direct rollovers and insurance premiums 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	
i	Net income (loss) (subtract line 8h from line 8c)	8i					71996	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics		•		•			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Part	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X		15000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	10000	
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X		
	instructions.)			10e		X		
	Has the plan failed to provide any benefit when due under the plan	n?		10f				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		X		
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			10i				
Part	VI Pension Funding Compliance							
11								
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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							
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk							
h	Enter the minimum required contribution for this plan year	•	· •			12b		

Page	3 -		1
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С	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?	Y	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 coof the PBGC?	ontrol		Yes X No				
С	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

## Form 5500-\$F

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Gueranty 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 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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

WP.	Annual Report Identification Information	***************************************	¥ W.		·					
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/3	1/2013					
A	This return/report is for: 🕱 a single-employer plan 📗 a	a multiple-employer	olan (not multiemployer)	) a one-participant plan						
В	This return/report is: the first return/report t	he final return/report	ort							
	an amended return/report	a short plan year reti	rn/report (less than 12 m	onths)						
C	Check box if filing under: X Form 5558	automatic extension		Пс	FVC program					
	special extension (enter description	<b>)</b>		L1						
b	Part II Basic Plan Information — enter all requested information									
***************************************	Name of plan	180011		1b Thre	ee-digit					
	THE TERESTOR TERESTOR TWO AND AND ADDRESS	CITATITA NA MA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	plar	ı number					
	ENHANCED LIFESTYLES INCORPORATED 401K PROFIT	WWD IKODI	(PN	ective date of plan						
					/01/2010					
2a	Plan sponsor's name and address; include room or suite number (er ENHANCED LIFESTYLES INCORPORATED	mployer, if for a singl	e-employer plan)	1	ployer Identification Number N) 20–1606392					
					nsor's telephone number					
	163 N MAIN STREET				14) 560-4100					
					iness code (see instructions)					
	PORT CHESTER NX 10573-3369	<del></del>			1310					
ઝસ	Plan administrator's name and address X Same as Plan Sponsor	Name [_] Same as	Plan Sponsor Address	3D Adn	ninistrator's EIN					
				A						
				3C Administrator's telephone number						
4	If the name and/or EIN of the plan sponsor has changed since the la	st 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 b	Total number of participants at the beginning of the plan year			5a   5b	7					
C	Total number of participants at the end of the plan year			50						
	complete this Item)		manuscription and the contractions of	5c	5					
6a	Were all of the plan's assets during the plan year invested in eligible			*******	Yes No					
b	Are you claiming a waiver of the annual examination and report of ar		ed public accountant (IQF	PA)	paraman pro					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an									
_	If you answered "No" to either line 6a or line 6b, the plan cannot									
	If the plan is a defined benefit plan, is it covered under the PBGC ins				i i i i i i i i i i i i i i i i i i i					
	ition: A penalty for the late or incomplete filing of this return/rep									
	fer penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as we									
	ef, it is true, correct, and complete.	n as me electronic v	signon or this tettimichor	t, and to th	e past of this knowledge suc					
	on alpen Parts	10/06/14	ALPESH PATEL	<del>,</del>	,					
V. 1/2/2	RE Signature of plan administrator	Date	Enter name of individua	I signing a	s nian administrator					
	F-1/1004 1547-750				P POPE THE PROPERTY OF THE PRO					
	SIGN   HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor									
photos and the same of the sam					s telephone number (optional)					
					anne de la companya d					

Par	t III Financial Information	er Son en en et de la Pe	/ \ D - i - i - of V - o		T		(b) End of	Voar
<b>7</b> P	Plan Assets and Liabilities		(a) Beginning of Year		<b>-</b>		(b) Ella oi	
<u>a</u> T	otal plan assets	7a	83,427				155,423	
b T	otal plan liabilities	7b		0				00
	let plan assets (subtract line 7b from line 7a)	7с	83,42	7	<b>_</b>	155,423		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		\$2400g.	- 14 miles (15 de	(b) Tot	aı
	contributions received or receivable from:  1) Employers	8a(1)	25,26	25,266				
	2) Participants	8a(2)	28,00	5				
		8a(3)		0				
	3) Others (including rollovers)	8b	18,72	.5				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1	LE CASEMA	Total	71,996
d B	tenefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0				
<b>e</b> 0	Certain deemed and/or corrective distributions (see instructions)	8e		0	11 15 15 15 15 15 15 15 15 15 15 15 15 1			
	dministrative service providers (salaries, fees, commissions)	8f		0				
	Other expenses	8g		0				
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	let income (loss) (subtract line 8h from line 8c)	8i			5			71,996
	ransfers to (from) the plan (see instructions)	8j		0	1584			
Par	Resolves:	J						
b  II   Par	t V Compliance Questions	ature code	s from the list of Pian Characte		Code		e instruction	3.
Constitution of the Consti					Yes	No	Α	mount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	itions with	in the time period described in	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c	x			15,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Par	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and com	plete	Sche	dule S	B (Form	Yes X N
11a	Enter the unpaid minimum required contribution for current year f	rom Sche	dule SB (Form 5500) line 39	•••••		11a		
12	V V					Yes X N		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instruc	tions	, and	enter t	he date of thay	ne letter ruling Year
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
	Enter the minimum required contribution for this plan year					12b		
							<del></del>	

	Form 5500-SF 2013	Page <b>3-</b>				
	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 negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadl				Yes 🗌	□ No □ N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		☐ Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea			13a		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to are which assets or liabilities were transferred. (See instructions.)	other plan(s), identify t	he plan(s) to	)		
-	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) PN(s)
	T 4 Information (antional)					
Part	•			14h T	rust's EIN	
14a	Name of trust			140	iuoto EIN	