#### 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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	dar plan year 2012 or fiscal plan year beginning 01/01/2008		and ending	12/31/2	2008				
A This re	eturn/report is for:	multiple-employer pl	an (not multiemployer)	/er) a one-participant plan					
<b>B</b> This re	eturn/report is: the first return/report th	e final return/report							
	an amended return/report as	short plan year returr	n/report (less than 12 m	onths)	1				
C Check	box if filing under: Form 5558	utomatic extension			X DFVC progra	am			
	special extension (enter description)				_				
Part II	Basic Plan Information—enter all requested information	on							
1a Name	of plan			1b	Three-digit				
SHIV SHAN	ITI, INC. PENSION PLAN				plan number (PN) ▶	001			
				10	Effective date o				
				01/01/2001					
2a Plan s SHIV SHAN	sponsor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	<b>2b</b> Employer Identification Number (EIN) 11-3348926				
RAINBOW	HOTEL			2c	2c Sponsor's telephone number 631-842-4700				
10 34TH ST				2d	Business code (	(see instructions)			
3a Plan a	administrator's name and address Same as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b	Administrator's	EIN			
				3c	Administrator's	telephone number			
4 If the	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN				
	e, EIN, and the plan number from the last return/report.			4-	DN				
	sor's name number of participants at the beginning of the plan year			-	PN	4			
	number of participants at the end of the plan year			5b		4			
	per of participants with account balances as of the end of the pla			30		4			
	olete this item)	• '	•	5c		4			
	e all of the plan's assets during the plan year invested in eligible					X Yes No			
,	ou claiming a waiver of the annual examination and report of an r 29 CFR 2520.104-46? (See instructions on waiver eligibility and			,		X Yes No			
	u answered "No" to either line 6a or line 6b, the plan cannot	,							
Caution:	A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unless reasonable ca	use is	established.				
Under per	nalties of perjury and other penalties set forth in the instructions,	I declare that I have	examined this return/re	port, ir	ncluding, if applic				
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/repor	i, and	to the best of my	knowledge and			
SIGN	Filed with authorized/valid electronic signature.	03/14/2013	SIRISH PATEL						
HERE	Signature of plan administrator	Date	Enter name of individ	nter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	03/14/2013	SIRISH PATEL						
HERE	Signature of employer/plan sponsor	Date		ame of individual signing as employer or plan spons					
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

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7 Plan Assets and Liabilities 7 2 285858 215056 215056 3 70 285858 215056 215056 3 70 285858 215056 3 215056 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 285858 3 70 70 73 3 70 70 70 70 70 70 70 70 70 70 70 70 70	Pai	t III Financial Information										
a Total plan assets.  7a   285855   215085   b Total plan liabilities. 7b   0   0   0   c Net plan assets (subtract line 7b from line 7a). 7c   285855   215085   8 Income. Expenses. and Transfers for this Plan Year   (a) Amount   (b) Total   3 Contributions received or received by from (1) Employers. 8 (1)   0   (2) Participonts. 8 (2)   0   (3) Others (including rollowers). 8 (3)   0   (4) Other income (loss) (and lines 8 (1), 8 (2), 8 (3), and 8 (5)). 8 (5) Others (including rollowers). 8 (6) Other income (loss) (and lines 8 (1), 8 (2), 8 (3), and 8 (5)). 8 (70773)  8 (70773)  8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 8 (70773) 9	7			(a) Beginning of Yea	ar			(b) End	of Ye	ar		
b Total plan liabilities. 7b Total plan liabilities. 7b Total plan liabilities. 7b Total plan assets (subtract line 7b Total mine 7a). 7c 285658 215085  8 honome, Expenses, and Transferts for this Plan Year	<u></u>		7a			+		. ,			5	
C Net plan assets (subtract line 7b from line 7a)		<u>'</u>										
8 income. Expenses, and Transfers for this Plan Year  10 Contributions received or receivable from: 11 Employers 12 Participants. 13 Others (including rollovers). 14 Sa(2) 0 15 Total Income (loss) 15 Debre income (loss) 16 Debre income (loss) 17 Administrative service providers (salaries, loss; commissions). 18 Debre income (loss) 19 Debre income (loss) 10 Debre income (loss) 11 Debre income (loss) 12 Debre income (loss) 13 Debre income (loss) 14 Debre income (loss) 15 Debre income (loss) 16 Debre income (loss) 17 Debre income (loss) 18 Debre income (loss) 18 Debre income (loss) 19 Debre income (loss) 10 Debre income (loss) 10 Debre income (loss) 10 Debre income (loss) 10 Debre income (loss) (loubtract line 8h from line 8c) 10 Debre income (loss) (loubtract line 8h from line 8c) 10 Debre income (loss) (loubtract line 8h from line 8c) 10 Debre income (loss) (loubtract line 8h from line 8c) 11 Net income (loss) (loubtract line 8h from line 8c) 12 Debre income (loss) (loubtract line 8h from line 8c) 13 If the plan provides werfare benefits, enter the applicable werfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan year: 10 During the plan year: 10 During the plan year: 11 V Compliance Questions 10 During the plan year: 12 Uses the plan characteristic that the plan any participant contributions within the line period described in 20 CF2 Sc13-1027 (See instructions and DCL's Voluntary Fiduciary Correction Program) 10 During the plan year: 10 During the plan year: 10 During the plan year: 11 Debre instructions and DCL's Voluntary Fiduciary Correction Program) 10 During the plan year: 10 During the plan year benefits, enter the applicable werfare feature codes from the List of Plan Characteristic Codes in the instructions on the list of Plan Characteristic Codes in the instructions on the list of Plan Characteristic Codes in the instructions on the list of Plan Characteristic C		·		28585	58						5	
a Contibutions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Other (including rollovers) (5) Other (including rollovers) (6) Other (including rollovers) (7) Employers (8) Seg. (1) Others (including rollovers) (8) Other (including from (loss) (8) Others (including rollovers) (8) Other (including from (loss) (8) Others (including from (loss) (salz), 88(3), and 88) (8) Other (including from (loss) (salz), 88(3), and 88) (9) Other expenses (9) Other expenses (9) Other expenses (10) Other expenses (10) Other (loss) (subtract line 8h from line 8c) (11) Net income (loss) (subtract line 8h from line 8c) (12) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (12) Other (loss) (subtract line 8h from line 8c) (13) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (13) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (14) Other (loss) (subtract line 8h from line 8c) (15) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (15) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (16) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (16) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (17) Other plan (loss) (18) If the plan plan (loss) (18) If the plan plan (loss) (		,		(a) Amount				(b) 1	otal			
(3) Participants.   8a(2)   0				(0) 1				\				
Salada   Company   Compa		(1) Employers	8a(1)		0							
b Other income (loss)		(2) Participants	8a(2)		0							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0							
d Benefits paid (including direct followers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)	<u>b</u>	Other income (loss)	8b	-7077	'3							
to provide benefits).			8c						_	70773	3	
E Certain deemed and/or corrective distributions (see instructions)	d	, , ,	8d		0							
Solid Responses   Solid Res	е	· · · · · · · · · · · · · · · · · · ·										
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0							
Part IV   Plan Characteristics   Part IV   Plan Characteristic	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
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:  2E  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:  a 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 Fiduciany Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud of dishonesty?  e 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	i_	Net income (loss) (subtract line 8h from line 8c)	8i							-7077	3	
Second   Figure   Part   V   Compliance Questions   Vest	j	Transfers to (from) the plan (see instructions)	8j		0							
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   Yes   No   Amount	Par	t IV Plan Characteristics										
Part V   Compliance Questions   Vest No Amount	9a		feature co	des from the List of Plan Char	acteris	tic Code	es in	the instru	ctions	:		
Part V Compliance Questions  10 During the plan year:  a 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)			actura and	log from the List of Plan Chara	otorioti	o Codo	in t	a instruct	iono:			
## 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	b	in the plan provides wellare benefits, effer the applicable wellare is	sature cou	es nom the List of Flan Chara	Clensu	c Codes	) III U	ie iristruct	10115.			
## 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	Par	V Compliance Questions										
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		•				Yes	No		Amo	ount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu					Y					
on line 10a.)					10a		^					
C 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  e 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  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.) 10g  X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes) No 11a Enter the amount from Schedule SB line 39. 11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. No 14 waver 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. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	D		•		10b		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?	С				10c		X					
e 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.)	d				100							
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10d		X					
instructions.)	е											
f Has the plan failed to provide any benefit when due under the plan?					10e		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	,					Χ					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							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	<u> </u>		•	,	10g		^					
Part VI Pension Funding Compliance  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)		·	•		10h		X					
Part VI Pension Funding Compliance  11	i											
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)			1-3		10i							
5500) and line 11a below)		• •		Mars II and Continued Continued Continued		S - I I I	- 05	· /F	1			
11a Enter the amount from Schedule SB line 39												
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
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.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No			
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.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а											
	If						Jay		ı ca	·		
				,		1:	2b					

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	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?		Yes 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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 2008 5500-SF, Part I, line C – DFVC Filing

Plan Name: Shiv Shanti, Inc. Pension Plan

Plan Year Beginning: 01/01/2008 Plan Year Ending: 12/31/2008 Employer Identification Number: 11-3348926 Three-Digit Plan Number: 001

#### **DFVC FILING**

The Plan Administrator is filing this 2008 5500 Series under the Delinquent Filer Voluntary Compliance Program.

### 2013-03-12 08:20 DAYS INN

6318427963 >> ion Associates

P 12/15

### Form 5500-SF

Onpartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information	The Mineral Tanks	LEASE, FRANCE LEVE LE SING & THEST OF THE PARTY WAS NOT THE	<u> </u>	**************************************			
For calendar plan year 2012 or fiscal plan year beginning	01/01/2008	and ending	12/31/	/2008			
A This return/report is for:	a multiple-employer pla	an (not mulliemployer)	er) a one-participant plan				
B This return/report is:	the final return/report						
an amended return/report	a short plan year retur	π/report (less than 12 mo	ontha)				
C Check box if filing under: Form 5558	automatic extension		x DF	VC program			
special extension (enter description)	on)		*****				
Part II Basic Plan Information enter all requested info	formation						
1a Name of pian		**************************************	1b Three				
Shiv Shanti, Inc. Pension Plan			plan n (PN)	umber 001			
·			1c Effecti	ve date of plan			
A		41 MM		1/2001			
2a Plan sponsor's name and address; include room or suite number (e. Shiv Shanti, Inc.	mployer, if for a single-em	iployer plan)	2b Employer Identification Number (EIN) 11-3348926				
w. + A				or's telephone number .) 842-4700			
Rainbow Hotal 10 34th Streat				ess code (see instructions)			
US Copiague NY 11726			7211				
3a Plan administrator's name and address 🔃 Same as Plan Spons	sor Name Same as f	Plan Sponsor Address	3b Administrator's EIN				
		i de la companya de	3c Admin	istrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the la	last return/report filed for f	his nian antariha	4b EIN				
name, EIN, and the plan number from the last return/report.	ggi laminiahur man w v	ns han, ener ne	**************************************				
a Sponsor's name			4G PN				
5a Total number of participants at the beginning of the plan year	************************************	******************************	5a	4			
	********************************		5b	4			
<ul> <li>Number of participants with account balances as of the end of the p complete this item)</li> </ul>			5c	4			
6a Were all of the plan's assets during the plan year invested in eligible			1 20 1	W Vac ( No			
b Are you claiming a waiver of the annual examination and report of all	·			ASSESSED OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TO THE PARTY NAMED IN COLUMN			
under 29 CFR 2520.104-467 (See Instructions on waiver eligibility a		***************************************	1434341441444444444444444	Yes No			
If you answered "No" to either line 6a or line 6b, the plan cann	iot use Form 5500-SF ar	id must instead use Fo	ım 5500.				
Caution: A penalty for the late or incomplete filling of this return/re	port will be assessed u	niess reasonable caus	e is establish	ed.			
Under penalties of perjury and other penalties set forth in the instructions	s, I declare that I have exa	mined this return/report,	including, if ar	oplicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete	SII 88 (NG GIBCGOOMC VERSILI)	тоттыя пештитероп, жак	) 10 MB D89( VI	туу кломеоде нас			
28A 28A A	I I I I I I I I I I I I I I I I I I I	Sirish Patel					
Signature of pipn administrator	Date - 2 12 13	Enter name of individua	an se minnia h	on oriministrator			
	1/200 44/7   10-11	Sirish Patel	1 più m 17 am br	n dananana			
SIGN Signature of Smployer/plan sponsor							
303 27 13 2	Finglioyer/plan sponsor  Date 3 /2 / 3 Enter name of individual signing as employer or plan sponsor ling firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)						
парата а наше (пошилу вистань, в врукомогу или минеем, посм	A Indii a anno comes fe	Mousil	I IDANIA	аримны наным ұлрының			
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