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

2012

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	art I	Annual Report I	Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012		and ending	12/31/2	2012	
		urn/report is for:	a single-employer plan			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the fir	nal return/report				
			x an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)	_	
С	Check b	oox if filing under:	Form 5558	auton	natic extension			DFVC progra	ım
			special extension (enter descri	iption)					
Pa	art II	Basic Plan Infor	rmation—enter all requested info	ormation					
	Name		omer an requestion in the	<u> </u>			1b	Three-digit	
		ΓΙ, INC. PENSION PLA	N.					plan number	
								(PN) •	001
							1c	Effective date o	f plan
<u> </u>								01/01	/2001
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SHIV SHANTI, INC.						2b Employer Identification Numbe (EIN) 11-3348926			
							2c	Sponsor's telep	hone number
RAIN	IBOW H	HOTEL						631-842	
	ATH STI	REET NY 11726					2d	see instructions)	
COF	IAGUL,	N1 11720						72111	0
3a	Plan ad	dministrator's name and	d address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							2-	<u> </u>	
							30	Administrator's	telephone number
4	If the n	name and/or FIN of the	plan sponsor has changed since t	he last ret	urn/report filed fo	r this plan, enter the	4h	EIN	
•			nber from the last return/report.	ile last let	arri/report illed to	i tilis piari, eriter tile	40	EIIN	
а		or's name	•				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		4
b	Total r	number of participants	at the end of the plan year				5b		4
C			account balances as of the end of the						•
					,	•	5c		4
6a	Were	all of the plan's assets	during the plan year invested in el	ligible asse	ets? (See instruct	ions.)			X Yes No
b			the annual examination and report	•	,	•			
			(See instructions on waiver eligibil	-					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	annot use	Form 5500-SF	and must instead use	Form	5500.	
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return	/report w	ill be assessed υ	ınless reasonable cau	ıse is	established.	
			ner penalties set forth in the instruc						
		edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as	s well as t	he electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
Deli	CI, IL IS L	ilue, correct, and comp	iete.						
SIG		Filed with authorized/v	valid electronic signature.	04	4/12/2013	SIRISH PATEL			
HEI	RE	Signature of plan ac	dministrator	D	ate	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIG	iN	· ·	valid electronic signature.	0	4/12/2013	SIRISH PATEL			
HEI			-				ual aia	ning as ampleus	r or plan cooper
Pre	narer's	Signature of employ name (including firm na	yer/pian sponsor ame, if applicable) and address; inc		ate n or suite number	Enter name of individ			number (optional)
	pu. 01 0	(morading mill lie	and address, in	J. 440 10011	. or cano mamber	(optional)			(optional)

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			Ū				
Par							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	32181		-		357146
	Total plan liabilities	7b		0	+		0
	Net plan assets (subtract line 7b from line 7a)	7c	32181	0	+		357146
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	3533	36			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0000				35336
d	Benefits paid (including direct rollovers and insurance premiums			0			33330
	to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
_ <u>. </u>	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		0
	Net income (loss) (subtract line 8h from line 8c)	8i					35336
	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 2E						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b		? (Do not	include transactions reported	10b		X	
	Was the plan covered by a fidelity bond?					X	
C				10c			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service or other organization that provides some or all or instructions.)		. ,	10e		X	
f	Has the plan failed to provide any benefit when due under the pla					X	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f 10q		X	
- h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J		X	
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h		^	
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						T
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB 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	ection :	302 of	ERISA? Yes X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
<u>а</u>	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 Day Year						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

2000 02 01 00:00

DAYS DIN

Form 5500-SF

Department of the Treasury Internal Revenue Service

6510121702 - - Pension Associates

r 2/0 OMB Nos. 1210-0110 1210-0089

2012

This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small Employee

Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor This Form is Open to Public Employee Benefits Security Administration the internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 🗶 a single employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan B This return/report is: the final return/report the first return/report a short plan year return/report (less than 12 months) an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Shiv Shanti, Inc. Pension Plan (PN) 🕨 001 1c Effective date of plan 01/01/2001 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Shiv Shanti, Inc. (EIN) 11-3348926 2c Sponsor's telephone number (631) 842-4700 Rainbow Hotel 2d Business code (see instructions) 10 34th Street 721110 NY 11726 US Copiaque X Same as Plan Sponsor Name Same as Plan Sponsor Address 3a Plan administrator's name and address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN # Sponsor's name 5a Total number of participants at the beginning of the plan year 5a 4 b Total number of participants at the end of the plan year 5b Δ Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 4 complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No 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.) X Yes No If you answered "No" to either line 5a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A ponalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, fand complete: 12 Sirish Patel SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator Sirish Patel a SIGN Enter name of individual signing as employer or plan sponsor HERE | Signature of employer/plan sponsor Dale Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Page 2

Pi	Part III Financial Information										
7 Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	321,81	321,810			357,146				
b	Total plan liabilities	7b		Ö			Ŏ				
c	Net plan assets (subtract line 7b from line 7a)	7¢	321,81	321,810			357,146				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			tal			
a	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Parlicipants	8a(2)		0							
P	(3) Others (including rollovers)	8a(3)		0				The state of the s			
b	Other income (loss)	8b	35,33	6							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				HAMP READ TO THE	4.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	35,336			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			11 11 11 11 11 11 11 11 11 11 11 11 11					
e	Certain deemed and/or corrective distributions (see instructions)	80		Ö							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
9	Other expenses	8g		O			NI CONTRACTOR OF THE CONTRACTO				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0						
ĺ	Net income (loss) (subtract line 8h from line 8c)	81					~	35,336			
î	Transfers to (from) the plan (see instructions)	8 j		Ö							
P	art IV Plan Characteristics							K. K			
*************	If the plan provides pension benefits, enter the applicable pension feat	ure codes f	rom the List of Plan Characteristi	e Co	les in 1	he ins	tructions:				
	2E										
	If the plan provides welfare benefits, enter the applicable welfare featu	re codes fro	m the List of Plan Characteristic	Code	a in th	a ingtr	uctions:				
•	if the high highwest agreed pending, and the applicance tollare read	na dodda nd	THE DISC CREEKE INTO CHARACTERIS	1.000	r42 (F) (()	& 11 (J)	MULIUM (3.				
D.	art V Compliance Questions										
10	During the plan year:		the state of the s		Yes	No		Amount			
********	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the	e time period described in	10a		x					
t	Were there any nonexempt transactions with any party-in-interest? (i	Do not inclu	de transactions reported	10b		x	······································	State Control of the			
			***************************************	10c		x					
			100		•	***************************************					
•	I Did the dian have a loss whether of not reimbursed by the dian's tibi	-	nat was caused by traud	l							
	or dishonesty?			10d		ж	7	THE TAXABLE AND THE STATE OF TH			
•	or dishonesty?	persons by	an insurance carrier,	10d		ж		de vola Windels			
•	or dishonesty?	persons by a	an insurance carrier, under the plan? (See	10d 10e		x		ID-MAY-White			
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1	or dishonasty? Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan?	persons by the benefits	an insurance carrier, under the plan? (See	10e 10f		x					
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11 11 11 12 12 12 12 12 12 12 12 12 12 1	or dishonesty? Were any fees or commisions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as on if this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Better the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirement of the minimum funding requirement of the minimum funding regulation of the minimum funding standard for a prior year is being at the awaiver of the minimum funding standard for a prior year is being	opersons by the benefits of year end.) are instruction of year end.) mts? (If "Yes opplicable amortized in the benefits of t	an insurance carrier, under the plan? (See under the under the plan? (See under the under the plan? (See under the	10e 10f 10g 10h 10i Sche	302 of	X X X X DEB (Fo	A?	Yes X No			
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Part VIII Trust Information (optional)

14a Name of trust

13c(1) Name of plan(s):

14b Trust's EIN

13c(2) EIN(s)

F 170

13c(3) PN(s)