## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	)-SF.		•
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 06/01/2011		and ending 0	5/31/2	012	
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan
			eturn/report	L		•
			·	antha)		
			in year return/report (less than 12 mo	ontns)	7	
С	Check box if filing under:	automatic	extension	L	DFVC progra	m
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
	MARSH LLC EMPLOYEES PROFIT SHARING PLAN				plan number	
					(PN) ▶	001
				1c	Effective date of	f plan
					06/01	/1977
2a	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)		Employer Identi	
PAU	L MARSH LLC				(=114)	37354
				2c	Sponsor's telep	
	MADISON AVENUE				212-759	
NEW	YORK, NY 10065-8404			2d		see instructions)
					42499	
	Plan administrator's name and address (if same as plan sponsor, ent. MARSH LLC 654 MADISON			3b	Administrator's I	EIN 37354
PAUL	. MARSH LLC 654 MADISON NEW YORK, N			20		
				30	212-759	elephone number 9-9060
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from the last return/report.		open med iei ime pian, emei ine	-10		
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the pl			OD		
•	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	ın indeper	dent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	ınd conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.		
Pa	rt III   Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	1438681			1375861
b	Total plan liabilities	7b	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1438681			1375861
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		,		(-,	
	(1) Employers	8a(1)	22000			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-45765			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-23765
d	Benefits paid (including direct rollovers and insurance premiums	UC				
u	to provide benefits)	8d	36345			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	2710			
g g	Other expenses	8g	0			
	·					39055
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-62820
!	Net income (loss) (subtract line 8h from line 8c)	8i				-02020
J	Transfers to (from) the plan (see instructions)	8j	0			

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Form	550	()-SE	2011

Page <b>2</b> -	1		
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- 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	Durir	ng the plan year:		Yes	No		Am	ount	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X				:	300000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	☐ No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver	th						
		the minimum required contribution for this plan year		Г	12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	<del>,</del> П	No	N/A
art		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			,	res X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		- T					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			_	
		PBGC?						Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) E	N(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the MB completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/14/2013	PAUL MARSH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

1111 -1,11		Identification Information	00/01/	3043			n=73173013
For	calendar plan year 2011 or fis	n' i i	06/01/:		and ending		05/31/2012
Α	This return/report is for:	X a single-employer plan	<u>-</u>		(not multiemployer)	l	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	ın year retum/re	port (less than 12 mo	onths)	_
C	Check box if filing under:	X Form 5558	automatio	extension			DFVC program
		special extension (enter descripti	on)				
Pa	urt II Basic Plan Info	rmation—enter all requested inform	nation				
1a	Name of plan						Three-digit
PA	UL MARSH LLC EMPLO	OYEES PROFIT SHARING P	LAN				plan number (PN) ▶ 001
							Effective date of plan
							06/01/1977
		iress; include room or suite number (	employer, if	for a single-em	ployer plan)	2b	Employer Identification Number
PA	UL MARSH LLC						(EIN) 13-4037354
٥.	4 MADIGON ANDREE						Sponsor's telephone number
65	4 MADISON AVENUE						212-759-9060
NE	W YORK	NY 10065-8404					Business code (see instructions) 424990
			enter "Same	72/			Administrator's EIN
PA	UL MARSH LLC	d address (if same as plan sponsor, e		• ,			13-4037354
	4 MADISON AVENUE W YORK	NY 10065-8404					Administrator's telephone number 212-759-9060
4		plan sponsor has changed since the	last return/	report filed for th	nis plan, enter the	4b	EIN
_	•	nber from the last return/report.				4c	DN
	Sponsor's name	at the beginning of the plan year				5a	7
Ju	Total number of participants	at the beginning of the plan year				Эa	<u>'</u>
h	Total number of participants	at the and of the plan warr			[	CL.	7
b	• •	at the end of the plan year			1	5b	7
b b	Number of participants with a	at the end of the plan year account balances as of the end of the	plan year (	defined benefit	olans do not	5b 5c	7
	Number of participants with a complete this item)	account balances as of the end of the	plan year (	defined benefit	olans do not	5c	7
	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of	plan year ( ble assets? an indeper	defined benefit   (See instruction dent qualified p	olans do not s.)s.)ublic accountant (IQI	<b>5c</b>	7 X Yes No
с 6а	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility	plan year ( ble assets? an indeper	defined benefit (See instruction dent qualified pions.)	olans do not s.)ublic accountant (IQF	<b>5c</b> ⊃A)	7 X Yes No
6a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use I	plan year ( ble assets? an indeper	defined benefit (See instruction dent qualified pions.)	olans do not s.)ublic accountant (IQF	<b>5c</b> ⊃A)	7 X Yes No
6a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use I	plan year ( ble assets? an indeper	defined benefit  (See instruction dent qualified pions.)	olans do not ns.) ublic accountant (IQI nstead use Form 550	<b>5c</b> ⊃A)	7 X Yes No
6a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use I	plan year ( ble assets? an indeper and condit Form 5500-	defined benefit  (See instruction dent qualified pions.)	olans do not s.)ublic accountant (IQF	5c	7
6a b Pa	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the constructions on waiver eligibility ther 6a or 6b, the plan cannot use the nation	plan year ( ble assets? an indeper and condit Form 5500-	defined benefit  (See instruction dent qualified pions.)	olans do not  is.)  ublic accountant (IQI  istead use Form 556  ginning of Year	5c	7
6a b Pa 7 a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the constructions on waiver eligibility ther 6a or 6b, the plan cannot use the nation	plan year (control of the plan year (control	defined benefit  (See instruction dent qualified pions.)	olans do not  is.)  ublic accountant (IQI  istead use Form 556  ginning of Year	5c (PA) (00.	7
6a b Pa 7 a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the constructions on waiver eligibility ther 6a or 6b, the plan cannot use ination	plan year (control of the plan year (control	(See instruction dent qualified pions.)	olans do not us.) ublic accountant (IQI ustead use Form 556 ginning of Year 143868	5c (PA) (00.	7
6a b Pa 7 a b	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eligi the annual examination and report of Yese instructions on waiver eligibility ther 6a or 6b, the plan cannot use I mation  To be from line 7a)	plan year (control plan year (co	(See instruction dent qualified pions.)	olans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868	5c DO.	7
6a b Pa 7 a b c	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the enstructions on waiver eligibility ther 6a or 6b, the plan cannot use in the factor of the plan cannot use in	plan year ( ble assets? an indeper and condit form 5500-  7a 7b 7c	(See instruction dent qualified pions.)	olans do not  is.)  ublic accountant (IQI  istead use Form 556  ginning of Year  143868	5c DO.	7
6a b Pa 7 a b c	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use to nation	plan year (ble assets? an indeper and condit 7a 7b 7c 8a(1) 8a(2)	(See instruction dent qualified pions.)	olans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868	5c DO.	7
6a b 7 a b c 8	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility there is a or 6b, the plan cannot use in ation  To from line 7a)	plan year (ble assets? fan indeper and condit form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instruction dent qualified pions.)	plans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868  ) Amount	5c PA) 000.	7
Pa b Pa b c 8 a	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use the from line 7a).  The from line 7a in the plan year receivable from:	plan year (control plan year (co	(See instruction dent qualified pions.)	olans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868	5c PA) 000.	7
Pa b c 8 a b c	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use in the from line 7a)	plan year (control plan year (co	(See instruction dent qualified pions.)	plans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868  ) Amount	5c PA) 000.	7
Pa b Pa b c 8 a	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use in the from line 7a)	plan year (control plan year (co	(See instruction dent qualified pions.)	plans do not  us.)  ublic accountant (IQI  ustead use Form 556  ginning of Year  143868  143868  ) Amount	5c PA) 000.	7
Pa b c B a b c d e	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the end of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use Innation  2 7b from line 7a)	plan year ( ble assets? an indeper and condit form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instruction dent qualified pions.)	plans do not  is.)  ublic accountant (IQI instead use Form 556  ginning of Year  143868  143868  ) Amount  2200  -4576	5c PA) 000. 1 0 0 0 0 5 5 0	7
6a b Pa b c 8 a	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the See instructions on waiver eligibility ther 6a or 6b, the plan cannot use Innation  2. 7b from line 7a)	plan year (ble assets? fan indeper and condit form 5500-  7a	(See instruction dent qualified pions.)	plans do not  us.)  ublic accountant (IQF  ustead use Form 556  ginning of Year  143868  143868  Amount  2200	5c PA) 1 0 1 0 0 5 5 0 0 0 0 5	7
Pa b c B a b c d e	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use in the factors.  The from line 7a)	plan year (control of the plan year (control	(See instruction dent qualified pions.)	plans do not  is.)  ublic accountant (IQI instead use Form 556  ginning of Year  143868  143868  ) Amount  2200  -4576	5c PA) 000. 1 0 0 0 0 5 5 0	7
6a b 7 a b c 8 a b c d e f	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the end of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use in the factor of the plan cannot use in the factor of this Plan Year reliable from:  (a), 8a(2), 8a(3), and 8b)  (b), 8a(2), 8a(3), and 8b)  (c), 8a(2), 8a(3), and 8b)  (c), 8a(3), and 8b)	plan year ( ble assets? an indeper and condit form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d 8d 8d 8d 8d 8d	(See instruction dent qualified pions.)	plans do not  is.)  ublic accountant (IQI instead use Form 556  ginning of Year  143868  143868  ) Amount  2200  -4576	5c PA) 1 0 1 0 0 5 5 0 0 0 0 5	7
Pa b c 8 a b c d e f g	Number of participants with a complete this item)	account balances as of the end of the during the plan year invested in eliging the annual examination and report of the instructions on waiver eligibility ther 6a or 6b, the plan cannot use in the factors.  The from line 7a)	plan year (  ble assets? an indeper and condit  form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d  8e  8f  8g  8h  8i	(See instruction dent qualified pions.)	plans do not  is.)  ublic accountant (IQI instead use Form 556  ginning of Year  143868  143868  ) Amount  2200  -4576	5c PA) 1 0 1 0 0 5 5 0 0 0 0 5	7

1 · CII	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2E-3B$							
b.	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in th	e instructi	ons:		
art'	V Compliance Questions							
10	During the plan year.	F	Yes	No		Amoun	t	
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		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
C	Was the plan covered by a fidelity bond?	10c	Х				300	0000
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		х				
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		Х				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Parl								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sche	dule SE	3 (Form	П	· [	
	5500))					<del></del>	es 🛚	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?	П	es X	No.
	(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 instru	ections	and	onter ti	ne date of	the lette	r rulina	a
а	ff a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insur- granting the waiverMo	nth	s, and	Day		Year_		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		г					
b	Enter the minimum required contribution for this plan year			12b				
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 negative amount)	tofa		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Pari	VII Plan Terminations and Transfers of Assets							
	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 brough of the PBGC?	t unde	•••••	•••••			∕es [ၖ	Ŋ
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla						
	13c(1) Name of plan(s):		1	3c(2) ⊟	IN(s)	13	c(3) P	'N(s)
						ļ		

SIGN
HERE Signature of plan administrator

Date 25 (3) Enter name of individual signing as plan administrator

SIGN
HERE Signature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor