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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 06/01/2	2012	and ending 0	5/31/2	2013			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) B This return/report is: the first return/report the final return/report						a one-participant	plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_			
C Check box if filing under: Form 5558 automatic extension			DFVC program						
		special extension (enter descri	iption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan				1b	Three-digit			
PAUL MARS	SH LLC EMPLOYEES	PROFIT SHARING PLAN				plan number	004		
					4.	(PN) •	001		
					1C	Effective date of plan			
2a Plan si	noncor's name and ad	Idress; include room or suite numbe	ur (ampleyer if for a single	omployor plan)	2h				
PAUL MARS		diess, include room of saile nambe	i (employer, ii ioi a single	e-employer plan)	20	Employer Identification (EIN) 13-403735			
					2c	2c Sponsor's telephone number			
	ON AVENUE					60			
NEW YORK	, NY 10065-8404				2d	Business code (see i	instructions)		
20.01			. По г		26	424990			
3a Plan a AUL MARSH		nd address Same as Plan Spons		ın Sponsor Address	3b Administrator's EIN 13-4037354				
AUL WARSE	1 LLC		SON AVENUE K, NY 10065-8404		3с	Administrator's telep	hone number		
						212-759-906	30		
		e plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b	EIN			
	, EIN, and the plan hu or's name	mber from the last return/report.			4c	DNI			
•		at the beginning of the plan year			5a		7		
					-				
		at the end of the plan year			5b		7		
		account balances as of the end of the		•	5c		7		
	•	s during the plan year invested in el				X	Yes No		
_	•	f the annual examination and report	•	*			, L		
under	29 CFR 2520.104-46	? (See instructions on waiver eligibil	lity and conditions.)		····	X	Yes No		
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruct							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my know	wiedge and		
		•	<u> </u>						
SIGN	Filed with authorized	valid electronic signature.	11/22/2013	PAUL MARSH					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan administ	trator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employer or p	plan sponsor		
Preparer's		name, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	parer's telephone num	ber (optional)		

Form 5500-SF 2012 Page **2**

Do	4 III Financial Information		<u> </u>					
	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor	
	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year 1769660		
	Total plan liabilities	137300	71			0		
	Net plan assets (subtract line 7b from line 7a)	7b 7c	137586	31			1769660	
	Income, Expenses, and Transfers for this Plan Year	70		/1				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	6100	00				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)	38152	28				
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					442528	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4470)6				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	205	0				
g	Other expenses	8g	197	' 3				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					48729	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					393799	
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 2E 3B	feature co	des from the List of Plan Char	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 Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	, <u>.</u>	
b		? (Do not	include transactions reported	10b		X		
	Was the plan covered by a fidelity bond?			10c	Χ		200000	
d	• • • • • • • • • • • • • • • • • • • •			100			300000	
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a					Χ		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X		
i	,			10h				
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	1es 140	
12								
	(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	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filled under sections 194 and 4905 of the Employee 2012

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Department of Ledon Employee Benedic Security Americanson Pension Renefit Gueranty Deposition		arnal Revenue Code (the	Code)		This Form is Open to Public Inspection
	➤ Complete all entries in ac	cordance with the instru	ections to the Form 550	0-55-	
For calendar plan year 2012 or	Identification Information	- Statkiona	ari ending		05/31/2013
A This intum/report is for	X a whole walpoyer plan	4=7	olan (not mulilamployer)	Į	a one-paticipant plan
B This refun/report is.	the first religive part	the tinel resundreport	· ·		
	an amonded teturn/eport	A short plan year relu	m/lepoil (less then 12 m	or:llis)	
C Check box if filling unicer:	📋 Ғоเก วีวิจัย	sutomatic extension		[T/FVC program
	Special extension (inter descr	(nicktan)			·
Partili Basic Plan Inf	оплаtion—enter all requested : т	omation	· · · · · · · · · · · · · · · · · · ·		ra aniskak de kana na kian na masa na mana kana mana na mana na di dina na mana na mana mana mana na na na man Na mana na man
1a Name of plan		king garage and a second s	aranan ka ka ke kebebahan aranan kebahan kebahan kebahan ada anta baran di	1b	Three-digit
PAUL MARSH LLC EMP	LOYEES FROFIT SHARING	PLAN			plan membor
					(PR) P
<u> </u>	. 	ور و د د د د د د د د د د د د د د د د د د			Effective date of plan 16/01/1977
2a Plen sponsor's name and a PAUL MARSH LIC	daress, include room or suite num/ye	r (employer, if for a single	-employer plan)		Empkyer Identification Number (E(N) 13-4037354
654 MADISON AVENUE					Sponsor's talephone reciber 212-759-9060
and or described about a second of the				-	Hysiness code (see Instructions)
NEW YORK	NY 10065-940		nana espananagapsananashangummuk P		424990
	and address _Same as Pien Spons	or Name Same as Pla	in Sponsor Address		Administrator a EIN 13-4037354
PAUL MARSH LLC					Administrator's telephone number
654 MADISON AVENUE					112-759-9060
NEW YORK	NY 19965-9494	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19 Mars Alleria (1905 - 1905 -		
	is plan sponsor has changed since t imber from the last return/report	he last return/report filed :	for this plan, enter the	4b	EIN
a Sponsor's name	imper nam ma mas seren alabol.			4c	DNI
	s at the beginning of the plan year			<u> </u>	; · · · · · · · · · · · · · · · · · · ·
	s at the and of the plan year				'`
	account balances as of the end of t			5b	; ;
فمستحا فينسه فياسا والمستحد	is the state of the state in the state of th			5c	. 7
	is during the pian year invested in e				W Yes No
b Are you claiming a walver of under 29 CFR 2020, 104-46	of the english examination and report of (Sec instructions on waives engine	of an independent qualif By and conditions.)	ed public accountant (D	PA)	🕍 Yes 🗓 No
	either line 6s or line 6b, the plan o	'			
	or incomplete filing of this return			_	
Under penalties of penuty and d SS or Scheible MB completed of belief, it is true, correct, and con-	that panalities set forth in the instruc- and signed by an enmilled actuary, a apleto	tons I deciare that I have s well as the electronic ve	kajou of this tetringlebod seveniese pris tetringlebod	oort, in: , and to	duding, if applicable, a Schedule to the best of my knowledge and
een / ; v.	- am	bales	PAUL MARSH		
MEME Signature of plan	administrator	Date	Enter name of individ	uai sigi	king es plen edmánistrato:
2IGN		·			
HERE Signature of empl	qystiplan sponsor	Dale	Enter name of individ	ក់ជា ខៈប៉ែរ	noznoga neky to veyayane an gou
Ртерагег'я поле (Інфидіод Гля	name, it applicable) and address, in	eliste rount of selfe numb	er (uptavaal)	Prece	irer'a telephona numbar (optional)
		,			
for Paperwork Reduction Act Not	the and DMB Control Numbers, see the	instructions for Form 5500	⊁- 3 F, _,		Form \$500-SF (2012) v 120126

	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Year	
a	Total plan assets	7a	13	758	51			17	69660
	Total plan liabilities	7b							0
¢	Net plan assets (subtract line 7b from line 7a)	7c	13	758	51			17	69660
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	оонномномномномномномномномномномномномн	61000				М. П. и жиз при при при при при при при при	
	(2) Participants	8a(2)			o	•			
	(3) Others (including rollovers).	1	3	8152	28				
	Other income (loss)	8b			-				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			Λ	42528
	Benefits paid (including direct rollovers and insurance premiums) OC	<u> </u>		-			-4.	44030
	to provide benefits)	8d		447()6				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (selaries, fees, commissions)	8f		20	50				
a	Other expenses	8g		19	73	······································			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					48729
1	Net income (loss) (subtract line 8h from line 8c)	-							93799
i	Transfers to (from) the plan (see instructions).	8)			0				
, D.,	t IV Plan Characteristics	[8]			<u> </u>	E-POTENTIAL CONTRACTOR OF THE PARTY OF THE P	MaMaidallamanindamaaaaaa		
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B								
Pari	Compliance Questions					·········		THE AMERICAN THE STREET	
10	During the plan year:				Yes	No	<u> </u>	Amount	
а				10a		Х		***************************************	
b	Were there any nonexempt transactions with any party-in-interest			,,,,,		<u> </u>	1		
************				10b		Х			····
C	on line 10a.)	· 	**************************************	10b 10c	X	X	адаличног прасн ин	3	00000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		X	X	ALEX INTELLIBRATION	3	00000
d	on line 10a.) Was the plan covered by a fidelity bond?	fidelity bo	nd, that was caused by fraud s by an insurance carrier, ofits under the plan? (See	10c	X	etelesciolololo	A A A A A A A A A A A A A A A A A A A	31	00000
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f g h i Part 11 11a 12	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	fidelity booner person of the benefit of the benefi	and, that was caused by fraud as by an insurance carrier, offits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i ctions	Scheo	X X X X X A X A A A A A A A A A A A A A	ERISA?	Yes Yes	☐ No X No
f g h i 11a 11a 12	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is belit	fidelity booner person of the benefit of the benefi	and, that was caused by fraud s by an insurance carrier, offits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i ctions	Scheo	X X X X X A X A A A A A A A A A A A A A	ERISA?	Yes Yes	☐ No X No
f g h i Part 11 11a 12 a	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is belt granting the waiver.	fidelity boomer person of the benear soft year experienced in the second of the benear second in the	nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See and.). Indice or one of the see instructions and corrects of section 412 of the Code able.) Indice of this plan year, see instructions and corrects of section 412 of the Code able.)	10c 10d 10e 10f 10g 10h 10i ce or se	Scheo	X X X X X A X A A A A A A A A A A A A A	ERISA?	Yes Yes	☐ No X No

	Form 5500-SF 2012	Page 3 -					
С	Enter the amount contributed by the employer to the plan for the	nis plan year	******	12c			Silver Property Control of the Contr
đ	Subtract the amount in line 12c from the amount in line 12b. Er negative amount).	nter the result (enter a minus sign to the k	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Asset	s					
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?	**********	. 🔲 🕻	res X No	>	
***************************************	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year		13a	Γ		
b	Were all the plan assets distributed to participants or beneficial of the PBGC?	ries, transferred to another plan, or broug	nt under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)			to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					-	
	Name of trust			14b T	rust's EIN		