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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I									
For calend	ar plan year 2013 or	iscal plan year beginning 06/01/2	013	and ending 0)5/31/	2014			
A This ref	turn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	er) a one-participant plan				
B This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check box if filing under: Form 5558 automatic extension						DFVC progra	am		
special extension (enter description)									
Part II	Basic Plan Info	ormation—enter all requested info	•						
1a Name		onio. un requestica nino.			1b	Three-digit			
		PROFIT SHARING PLAN				plan number			
					4-	(PN) •	001		
					10	Effective date o	•		
2a Plan s	ponsor's name and a	ddress; include room or suite number	(employer if for a single-	employer plan)	2h	Employer Identi			
PAUL MARSH LLC					_~		37354		
					2c	Sponsor's telep	hone number		
	ON AVENUE					212-759	9-9060		
NEW YORK	X, NY 10065-8404				2d	Business code (,		
			🗖		01	42499			
		and address Same as Plan Sponso	<u> </u>	n Sponsor Address	30	Administrator's	EIN 137354		
AUL MARSH	HLLC	654 MADISO NEW YORK	ON AVENUE , NY 10065-8404		3c	Administrator's	telephone number		
						212-759			
4 If the	name and/or FIN of th	ne plan sponsor has changed since th	a last return/report filed for	or this plan, enter the	4h	EIN			
		umber from the last return/report.	e last return/report filed it	or this plan, enter the	40	CIIN			
a Spons	or's name				4c	PN			
5a Total	number of participant	s at the beginning of the plan year			5a		7		
b Total	number of participant	s at the end of the plan year			5b		6		
		account balances as of the end of th		-	F -				
	,				5c		6 		
		ts during the plan year invested in elig of the annual examination and report					X Yes No		
		6? (See instructions on waiver eligibili					X Yes No		
		either line 6a or line 6b, the plan ca							
C If the	plan is a defined bene	efit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	[Yes No	Not determined		
Caution: A	nenalty for the late	or incomplete filing of this return/	enort will be assessed	unless reasonable cau	ıse is	established			
	•	ther penalties set forth in the instructi	•				able, a Schedule		
		and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and		
beller, it is	true, correct, and con	ipiete.							
SIGN	Filed with authorized	d/valid electronic signature.	10/03/2014	PAUL MARSH					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator		
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sid	anina as emplove	er or plan sponsor		
Preparer's		name, if applicable) and address; incl					number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 2083853
<u>a</u>	Total plan assets Total plan liabilities	74					0
	Net plan assets (subtract line 7b from line 7a)	7b 7c	176966	0			2083853
8	, ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	2250	0			
	(2) Participants						
	(3) Others (including rollovers)			0			
b	Other income (loss)	8b	34926	4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					371764
d	Benefits paid (including direct rollovers and insurance premiums		5200	_			
	to provide benefits)	8d	5396				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	287				
<u>g</u>	Other expenses	. 8g	73	1			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					57571
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					314193
j_	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	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 3D						
b							
Par	Part V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
c				10c	Χ		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd. that was caused by fraud	100			30000
	or dishonesty?	-	•	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all instructions.)			10e		X	
f				10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ	
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			1011			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	VI Pension Funding Compliance						
11	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) Yes No						
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
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,						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
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)				
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	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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part		Identification information							
For calenda	ir plan year 2013 or fi	scal plan year beginning	06/01/2013	and ending	05/31/3	2014			
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	oyer) 🔲 a one-participant plan				
B This retu	urn/report is:	the first return/report	the final return/report	he final return/report					
		an amended return/report	a short plan year returr	i/report (less than 12 m	onths)				
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC I	orogram			
	.	special extension (enter desc	ríption)		s				
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name o		and an analysis of the state of	an ar elakki dari keranciki Pikanasari kerincik di kemila 1974 (kempilay kemadi 1979) (kilan dari 1974) da bira	as enemas, arabinomisto um tilini la monomistra monotifica a americi en tentino es fra e filhi la re	1b Three-digi				
		OYEES PROFIT SHARING	PLAN		plan numb	per 001			
					(PN) 1c Effective of				
			and the second s		06/01/				
	onsor's name and ac ARSH_LLC	Idress; include room or suite numb	er (employer, if for a single-	employer plan)	1 '	ldentification Number -4037354			
					2c Sponsor's	telephone number			
654 MAI	DISON AVENUE				212-75				
******		100 CE 640	. *		1	code (see instructions)			
NEW YOR		NY 10065-840 nd address Same as Plan Spon		Sponsor Address	424990 3b Administra	ator's FIN			
	ARSH LLC	Louis as the species		oponior i manora	13-403	7354			
					3 c Administra 212-75	ator's telephone number			
654 MAI	DISON AVENUE				222-13	3-3000			
NEW YOF	o ter	NY 10065-8404			diade-training				
		e plan sponsor has changed since	the last returnizenest filed to	ribio plan, antaribo	Ab cas	india department demande and grant and provide all all and a demand and and a second and an all and a demand and a second a second and a second a second and a second a second and a second			
		e plan sponsor has changed since mber from the last return/report.	the last return/report neu io	i this plan, enter the	4b EIN	\$5.41 (V) 41 4.4 M 440 AV M 45.7 M 4 4.544 P M 56.4 P M 56.4 M 4 4.544 M 4 4.4			
a Sponso	or's name				4c PN				
5a Total n	number of participants	at the beginning of the plan year.	***************************************		5a	<u> </u>			
	• • • •	at the end of the plan year			5b	6			
		account balances as of the end of			5c	6			
		s during the plan year invested in e				X Yes No			
b Are yo	u claiming a waiver o	f the annual examination and repo	rt of an independent qualifie	d public accountant (IQ	PA)	☒ Yes ☐ No			
		? (See instructions on waiver eligit ither line 6a or line 6b, the plan	-						
		fit plan, is it covered under the PB0				lo Not determined			
· · · · · · · · · · · · · · · · · · ·	·····				N/46 (1/1/4	, , , , , , , , , , , , , , , , , , ,			
++	 	or incomplete filing of this retur							
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete							
SIGN	() +	~~~~	9/17/14	PAUL MARSH					
HERE	Signature of plan	dministrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as en	ployer or plan sponsor			
Preparer's r		name, if applicable) and address; in	nclude room or suite numbe			phone number (optional)			

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a		696	60		2083853
b	Total plan liabilities	7 <u>5</u>			0		C
C	Net plan assets (subtract line 7b from line 7a)	7c	17	69€	60		2083853
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		2250	00		
	(2) Participants	Ba(2)			0	·······	
-	(3) Others (including rollovers)	\$			0		
b	Other income (loss)	8b	3	4926	54		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A CONTRACTOR OF THE CONTRACTOR			teletruskuraun	371764
	Benefits paid (including direct rollovers and insurance premiums	·					
	to provide benefits)	8d		539(_		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		287			
	Other expenses	8g		7.	31		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					57571
	Net incorne (loss) (subtract line 8h from line 8c)						314193
	Transfers to (from) the plan (see instructions)	8j			0		
	t IV Plan Characteristics						
b	Para production of the special of th						
10	During the plan year:				٧٠٦	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	the time period described in ection Program)	د 10		Х	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X	
С	Was the plan covered by a lidelity bond?		Marie	10.	Х		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons of the beni	s by an insurance carrier, efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?	********	10-		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd)	10	-11-H-M	Х	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101	e required	notice or one of the	101	MeMekalaskiaska		Anna da
Part					1	L	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (#f "Y	'es," see instructions and com	plete	Sched	lule Sf	3 (Form
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding				····		ERISA? Yes 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		,	V: 30	-udli	JUZ UI	
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	d în this plan year, see instruc	tions, th	and e	nter th Day	I ne date of the letter ruling Year
lf ;	you completed line 12a, complete lines 3, 9, and 10 of Schedule				Nebertajan .		
	Enter the minimum required contribution for this plan year				T	12b	
					l.,		<u> </u>

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-01113	-22001	-	J11	1.5

	_		PARAMETERS.
P3	7		i .
Page	. 3	-	1

į.

С	Enter the amount contributed by the employer to the plan for this plan year	,,,,,,	12c		
d	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).				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No NA
Part	VII Plan Terminations and Transfers of Assets) (************************************	
13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		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 unof the PBGC?				了 Yes 図 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)				The state of the s
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
				· · · · · · · · · · · · · · · · · · ·	
				···········	
Part	VIII Trust Information (optional)				
14a	Name of trust		14b T	ust's Ell	N
		1			
		*			