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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 06/01/2014		and ending 05/	/31/2015				
				plan (not multiemployer) (
A This re	eturn/report is for:	loyer information in accord	dance with the form	ı instructions)					
			a foreign plan						
B This ret	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)				
•		☐ Form 5558	automatic extension	.	DFVC pr	oaram			
C Check	box if filing under:			•	☐ Di vo pi	3grain			
		special extension (enter description	٦)						
Part II	Basic Plan Inf	ormation—enter all requested informa	ation						
1a Name					1b Three-digit				
PAUL MAR	SH LLC EMPLOYEE	S PROFIT SHARING PLAN			plan numbe				
					(PN)	to of plan			
					1c Effective da	6/01/1977			
2a Plan s	sponsor's name and a	address; include room or suite number (er	mplover, if for a sing	le-employer plan)		lentification Number			
PAUL MARS		(-	1 -7 - 7 3		' '	3-4037354			
					2c Sponsor's t	elephone number			
	ON AVENUE					2-759-9060			
NEW YORK	, NY 10065-8404				2d Business co	ode (see instructions)			
						24990			
	administrator's name	<u> </u>			3b Administrate	or's EIN 3-4037354			
PAUL MARS	SH LLC	654 MADISON NEW YORK 1	N AVENUE NY 10065-8404		_	or's telephone number			
					212-759-9060				
		he plan sponsor has changed since the la umber from the last return/report.	ast return/report filed	I for this plan, enter the	4b EIN				
	sor's name	uniber from the last return/report.			4c PN				
		ts at the beginning of the plan year			5a	6			
b Total	number of participan	ts at the end of the plan year			5b				
		account balances as of the end of the p							
			• `	•	5c	7			
d(1) To	tal number of active p	articipants at the beginning of the plan ye	ear		5d(1)	-			
d(2) To	tal number of active r	participants at the end of the plan year			5d(2)				
		terminated employment during the plan y			1				
					5e	(
Caution:	A penalty for the late	e or incomplete filing of this return/rep	ort will be assesse	d unless reasonable cau	ıse is established				
Under pen	nalties of perjury and	other penalties set forth in the instructions	s, I declare that I hav	e examined this return/rep	oort, including, if ap	oplicable, a Schedule			
	edule MB completed true, correct, and cor	and signed by an enrolled actuary, as we	Il as the electronic v	rersion of this return/report	and to the best of	my knowledge and			
		d/valid electronic signature.	07/28/2015	PAUL MARSH					
SIGN HERE									
	Signature of plan	administrator	Date	Enter name of individu	uai signing as plan	administrator			
SIGN									
HERE		loyer/plan sponsor	Date	Enter name of individual					
Preparer's	name (including firm	name, if applicable) and address (include	e room or suite num	ber) (optional)	Preparer's teleph	one number (optional)			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not det	ermined	b
Par	t III Financial Information		r							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	20838		-			2213	3934	
	Total plan liabilities	7b	20020	0	-			224	0	
	Net plan assets (subtract line 7b from line 7a)	7c	20838	553					3934	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal		
	(1) Employers	8a(1)	240	000						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1594	170						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						183	3470	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	508	342						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	22	200						
g	Other expenses	8g	3	347						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						53	3389	
<u>i</u>	et income (loss) (subtract line 8h from line 8c)							130	0081	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
Part		eature cod	les from the List of Plan Chara	cterist			ı			
10	During the plan year:	4:		1	Yes	No		Amoun	1	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
	on line 10a.)			10b		X				
<u>C</u>	Was the plan covered by a fidelity bond?			10c	X				3000	100
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	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		Χ				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) 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 3	302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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OMB Nos. 1210-0110 1210-0089

2014

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		dentification Information	entanten till manne tamoni med en melle an rennen är manland i ellem den pel pelate i sami pel pelateri.		ne-enverses and an enverse confidence of the enverse	Баррингарума же с почения симписим министический министический усу				
For calendar	A Mark Articles Wilhall and Articles Williams and Articles and Article	al plan year beginning	06/01/2014	and ending	05/3	31/2015				
A This retur	n/report is for:	X a single-employer plan	of participating employ	lan (not multiemployer) i ver information in accord		ng this box must attach a list e form instructions)				
D		a one-participant plan	a foreign plan							
B This return	n/report is	the first return/report	the final return/report							
an amended return/report										
C Check bo	x if filing under:	Form 5558	automatic extension		[] DF/	/C program				
		special extension (enter descr	iption)							
Part II	Basic Plan Infor	mation—enter all requested inf	ormalion			manner of the second				
1a Name of			Office of the second se	THE THE PERSON OF THE PROPERTY	1b Three-	and the second s				
		YEES PROFIT SHARING	PLAN		plan n	1				
					(PN)					
Kurranisisisa Ha KG Nois Kurb Hotta IG	Glisht inklundarin under St. Kulfe (del sivel, delsten kunnen				1c Effectir 06/0	ve dale of plan 1/1977				
		ress; include room or suite numbe	er (employer, if for a single-	employer plan)	1 ' '	yer Identification Number				
PAUL MAF	(SH LLC				<u></u>	13-4037354				
654 MADI	SON AVENUE					or's telephone number 759-9060				
			_			ess code (see instructions)				
NEW YORK	ranno anteriore mai brano mano anteriore anteriore de la company de la c	NY 10065-840		0/-00//04-0/10/06/1/16/10/10/16/10/10/10/10/10/10/10/10/10/10/10/10/10/	4249					
	ninistrator's name and	l address USame as Plan Spons	sor,			istrator's EiN 1037354				
PAUL MAF	RSH LLC				3c Administrator's telephone number					
					<u>'</u>					
654 MADI	SON AVENUE				212-	759-9060				
\$7555 T. 1265557	×	4447								
NEW YORK	necanneno mentena manta a seria de la composición de la composición de la composición de la composición de la c	NY 10065-8404	acetelenolustavoralmessimusesmusiai vaissi misävaivaismusessa		emare a manara manara a manara	enana mananana aramanananan aramanan karanan karanan pepeperjayayay yayay y				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.										
a Sponsor	•	iber from the last return/report.			4c PN					
		at the beginning of the plan year		***************************************	5a	•				
_		at the end of the plan year				7				
		ccount balances as of the end of)				
complete	ethis item)			***************************************	5c	7				
d(1) Total	number of active part	icipants at the beginning of the pl	an year	***************************************	5d(1)	6				
d(2) Total	number of active part	icipants at the end of the plan yea	ar,	*************************	5d(2)	7				
	of participants that ter	minated employment during the p	dan year with accrued bene	fits that were	5e	0				
Caution: A p	enalty for the late o	r incomplete filing of this return	n/report will be assessed	uniess reasonable cau	ise is establi	shed.				
SB or Schedi	ies of perjury and oth ule MB completed and le, correct, and compl	er penalties set forth in the instructed actuary, a state of the set of the s	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/report	port, including , and to the b	g, if applicable, a Schedule est of my knowledge and				
SIGN		ine.		PAUL MARSH	· · · · · · · · · · · · · · · · · · ·					
HERE	Signature of plan ad	ministrator	Date 7/6/05	Enter name of individ	ual signing as	s plan administrator				
						- prost (1817) 1100 (1827)				
	HERE									
SIGN	Signature of employ	erinian enongor	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
SIGN HERE										
SIGN HERE						elephone number (optional)				

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	CIL		4

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						s No		
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility)	an indeper and condif	ident qualitied public accountai ions)	nt (IC)	PA)			X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead	use	Form	5500.	*********	K1	
C	If the plan is a defined benefit plan, is it covered under the PBGC in						No [Not det	ermined
	t III Financial Information				1	.: (.	end Co.	1	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(h) End	of Year	
a	Total plan assets	7a		3385	3	le(n)	(0) 2.114	************	2213934
	Total plan liabilities	7h			0		····		0
	Net plan assets (subtract line 7b from line 7a)	7 2	208	388	3				2213934
AndreiterMichales	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/h) *	rotal .	W.W.W.W.W.Lubershie
	Contributions received or receivable from:						75/	Otal	
пиничнични	(1) Employers	8a(1)	entervalententententententententententententente	2400	0		-	der igniselsen sollerlist in entletters	managa da
***************************************	(2) Participants	84(2)	eneman menanciman menankan antan kenjalamajah kenjalam kenjalam kenjalam kenjalam antan kenjalam antan kenjala	ситно чна	0	entiluiranitranitri	interestration of the interestration of	ollekski den mellen mel	majorimaniana maranjenjenje je je
**********	(3) Others (including rollovers)	8=(2)			<u> </u>		idelidd a Leelanda Leelanda eta esta esta esta esta esta esta esta		-
***************************************	Other income (loss)	ci8	1	947	0		Midfelia dendelista litta		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	ariyataniyatigi isaa aa ka isaba aa ka mahaa ifaa wa ka ifa ka ka ka ka isaa isaa isaa isaa isaa i				PHOLOGONIANIA	Metheldelichteldeljaskelengenge	183470
a	Benefils paid (including direct rollovers and insurance premiums to provide benefits)	8d		5084	2		elerein en meaken au	in strikels was a same	Albert Manniste (a. John Markenson and
ę	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	81		220	0				
g	Other expenses	8g		34	7	***************************************			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		······································			<u> </u>		53389
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81		·····		***************************************			130081
j	Transfers to (from) the plan (see instructions)	8)			0				
b	If the plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature cod	es from the List of Plan Charac	terist	ic Coo	des in th	e instruct	ions:	
10	During the plan year:				· ·	No	*****************	Amaii	4
a		itions within	n the time period described in	**********		 	Militar di Sala di Sal	Amoun	<u> </u>
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	102		X			North Chimana Contractation and a
	on line 10a.)			10b		Х	ng dia kanda kana kana kana kana kana kana ka		***************************************
C	Was the plan covered by a fidelity bond?		*/************************************	10c	Х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10ď		Х		(+16)::41(1):1-1:-11:-11:-11:-11:-11:-11:-11:-11:-	Не констинент
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,	*********	************	1	***************************************	ibidbjekisUeldbjfsUejepjejisj	iejinijącjąsjaniadadanaticjijącja prac
**********	insurance service, or other organization that provides some or all instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?	1/4-#31/1.//vali	10		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10		Х		Material Material	<u> Period represidate priderente perfeste.</u>
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10i		Х	alife-1/e1f8-able Whitelah Nelabi	(************************************	(-
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10:			iidika ar ii aa	***********************	técniéntoniénsiénténconéntopiniserénié.
Part		, , , , , , , , , , , , , , , , , , , ,	A THE STATE OF THE		L	.11.	dh'takda kKadunum		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пү	∍s ∏ No
11a						11a		ut duaé	
12	is this a defined contribution plan subject to the minimum funding	·					RISA?	ΠY	es 🐰 No
***************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	·····	بالمربوب فيستمين بيواني معاملات المستوان والمناور والمناوية والمناوية والمناوية والمناوية والمناوية والمناوية					<u> </u>	
a	If a walver of the minimum funding standard for a prior year is being ranting the walver.	ng amortiz	ed in this plan year, see instruc		, and	enter the Day	e date of	the letter Year _	ruling
									

	Form 5500-SF 2014 Page	3 -				
If y	rou 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	111111111111111111111111111111111111111	121	3		
C	Enter the amount contributed by the employer to the plan for this plan year		12	c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to the left of a	120	4		
e	Will the minimum funding amount reported on line 12d be met by the funding deadlin	e?		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?		4	Yes X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year .		13a	1		
Б	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?	ther plan, or brought under the	contr	of	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	her plan(s), identify the plan(s	to			·
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3)	PN(s)
		TISSECTOR DESCRIPTION OF THE PROPERTY OF THE P	th tribens Herbens	noondriaanum ann an magasarm		rt Statefrield ann before
162mazquaazquq	VIII Trust Information (optional)	ii teefeninettaanistaanistaanistaanista taskista ja	distribute recogniti	teramentaendenes tenemandes versión ferferies ferí	rodředo přodředou přomočednemáním	riangarierieneisrieneise
14a !	Name of trust		14b	Trust's EIN		