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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DILLER SCOFIDIO RENFRO LLC 401(K) RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number DILLER SCOFIDIO RENFRO, LLC 13-4180468 (EIN) Sponsor's telephone number 212-260-7971 601 WEST 26TH STREET NEW YORK, NY 10001-1152 Business code (see instructions) 541310 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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's name 4c PN Total number of participants at the beginning of the plan year 5a 118 **b** Total number of participants at the end of the plan year..... 5b 126 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 110 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 76 d(2) Total number of active participants at the end of the plan year..... 5d(2) 89 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty 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, and complete Filed with authorized/valid electronic signature 07/29/2015 CHARLES RENFRO **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

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b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of your answered "No" to either line 6a or line 6b, the plan cannot	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)? .		Yes	No Not determined
Par	III Financial Information						
<u>7</u> I	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	28149	985	-		3689981
	Total plan liabilities	7b	2011				
	Net plan assets (subtract line 7b from line 7a)	7c	28149	985			3689981
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	3337	' 32			
	2) Participants	8a(2)	4983	394			
	3) Others (including rollovers)	8a(3)	1296	80			
-	Other income (loss)	8b	1192	238			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1081044
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	2052	217			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	8	331			
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					206048
	Net income (loss) (subtract line 8h from line 8c)	8i					874996
	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j					
b Part	2A 2E 2F 2G 2J 3B 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	the instructions:
10	During the plan year:				Yes	No	Amount
a b	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)					X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		500000
d						X	
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.)				X		4
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		0
h	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	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,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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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	13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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**

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. 1210-01 1210-0

2014

This Form is Open to Public Inspection

Part I		Identification Information			10/	01/0014			
For calenda	ar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending		31/2014	t attach a		
A This ret	turn/report is for:	a single-employer plan	of participating empl	plan (not multiemployer) oyer information in acco	rdance with the	ng this box mus e form instruction	ons)		
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12 t	months)				
C Check h	ox if filing under:	Form 5558	automatic extension			VC program			
O CHECK D	ox ir niing dhaci.								
Part II	Racic Plan Info	rmation—enter all requested info	ormation						
1a Name	·	I III at lot - enter an requested into	Jillation		1b Three	-digit			
	•				plan n	umber			
	Scofidio Reni				(PN)		001		
401(K)	Retirement Pi	lan			1c Effective date of plan 01/01/2003				
2a Plan e	noneor's name and add	dress; include room or suite numbe	er (employer if for a single	e-employer plan)		yer Identification	n Number		
	Scofidio Reni		, (omployer, mier a enigr	,		13-4180468			
	555	,				sor's telephone r			
					(212) 260 <u>-797</u> 1	1		
601 We	st 26th Street	t			2d Busine	ess code (see in	structions)		
New Yo				10001-1152	541310				
3a Plan a	dministrator's name an	d address $\underline{\mathbb{X}}$ Same as Plan Spons	or.		3b Administrator's EIN				
					3c Administrator's telephone number				
4			L	for this plan anter the	Alb. EIN				
		plan sponsor has changed since to be referred to the plant from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN				
	sor's name				4c PN				
5a Total number of participants at the beginning of the plan year					5a		1		
b Total number of participants at the end of the plan year					5b		_1		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		1		
	,	ticipants at the beginning of the pla			5d(1)				
d(2) Total number of active participants at the end of the plan year					5d(2)				
e Number of participants that terminated employment during the plan year with accrued benefits that were					5e				
less than 100% vested									
Under pena	lities of perjury and oth	er penalties set forth in the instruct	tions. I declare that I have	examined this return/re	port, including	, if applicable, a	Schedule		
SB or Sche	dule MB completed an	d signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/repor	t, and to the b	est of my knowle	edge and		
	rue-colrect, and comp	1 A	1/29/15	G1 1 P 5					
SIGN HERE			Date Enter name of individ						
	Signature of plan ac	<u>Iministrator</u>			iuai signing <u>as</u>	pian administra	tor		
SIGN									
HERE	Signature of employ	/er/plan sponsor			lividual signing as employer or plan sponsor Preparer's telephone number (options				
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telepho					epnone numbe	er (options			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannumber the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public account tions.) rm 5500-SF and must instea	ant (IC	QPA) • Forr	n 5500		X Yes X Yes Not determine	
Pa	rt III Financial Information				_				
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	+		(b) End	of Year	
a	Total plan assets	7a	2,81	4,98	35		_	3,689,	
	Total plan liabilities	. 7b			+	2 600 /			
	Net plan assets (subtract line 7b from line 7a)	7c	2,81	4,98	35				
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	33	3,73	32				
	(2) Participants	8a(2)	49	8,39	4				
	(3) Others (including rollovers)	8a(3)	12	9,68	30				
b	Other income (loss)	8b	11	9,23	8				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1,081,0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	5,21	.7				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		83	1 .				
g	Other expenses	8 g			_		<u> </u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						206,0	
	Net income (loss) (subtract line 8h from line 8c)	8i			4			874,9	
j	Transfers to (from) the plan (see instructions)	8				-			
	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	Part V Compliance Questions								
10	During the plan year:	·			Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within	n the time period described in ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х		l	500,0	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)				Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				<u>X</u>	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					, in			
Part	VI Pension Funding Compliance							, , , , , , , , , , , , , , , , , , , 	
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)							Yes	
11a	Enter the unpaid minimum required contribution for current year fro					11a			

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

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

Day

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	orm 5500), and skip to line 13					
b Enter the minimum required contribution for this plan year			12b			
C Enter the amount contributed by the employer to the plan for this plan yes	ar		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the res	sult (enter a minus sign to the lef	ofa	12d			
e Will the minimum funding amount reported on line 12d be met by the fund	ding 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?	***************************************			es X	No	
if "Yes," enter the amount of any plan assets that reverted to the employe			13a			
b Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?					Y	es 🐰 1
C If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):					130	(3) PN(s
Part VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN		