Form 5500	Annual Return/Report	of Employee Benefit Plan		OMB Nos. 12	210-0110			
Department of the Treasury		employee benefit plans under sections 104 nt Income Security Act of 1974 (ERISA) and		12	10-0089			
Internal Revenue Service	sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).		2014				
Department of Labor Employee Benefits Security Administration		Complete all entries in accordance with the instructions to the Form 5500.						
Pension Benefit Guaranty Corporation								
	ntification Information							
For calendar plan year 2014 or fiscal	plan year beginning 01/01/2014	and ending 12/31/20)14					
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking participating employer information in acco			ons); or			
	X a single-employer plan;	a DFE (specify)						
B This return/report is: the first return/report; X the final return/report;								
an amended return/report; a short plan year return/report (less than 1.				12 months).				
C If the plan is a collectively-bargain	ed plan, check here							
D Check box if filing under:	Form 5558;	automatic extension;	the DF	VC program;				
Ğ	special extension (enter description)							
Part II Basic Plan Infor	mation—enter all requested information	on						
1a Name of plan DEROSA BUILDERS, INC. PROFIT			1b	Three-digit plan number (PN) ▶	002			
			1c	Effective date of pla 01/01/1991	an			
2a Plan sponsor's name and addres	ss; include room or suite number (emplo	yer, if for a single-employer plan)	2b	Employer Identifica	ition			
DEROSA BUILDERS, INC.				Number (EIN) 13-1865247				
7 LAKE STREET WHITE PLAINS, NY 10603	7 LAKE STE	REET INS, NY 10603	2c	Plan Sponsor's tele number 914-682-1800				
WHITE I EARNS, INT 10005	WITTE FLA	1140, 141 10000	2d	Business code (see instructions) 238900	3			

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.					
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator		
SIGN HERE						
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor		
SIGN HERE						
	Signature of DFE	Date	Enter name of individu	al signing as DFE		
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)						
For Pape	erwork Reduction Act Notice and OMB Control Numbers, see	the instructions for	[•] Form 5500.	Form 5500 (2014)		

3a	Plan administrator's name and address XSame as Plan Sponsor	3b Adm	inistrator's EIN
		3c Adm num	inistrator's telephone ber
_		4	
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:	4b EIN	
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	9
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2	2) Total number of active participants at the end of the plan year	6a(2)	0
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	0
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f	Total. Add lines 6d and 6e.	6f	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	-	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod 2E 3D	des in the ir	nstructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fu	nding	arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)					
	(1)		Insurance		(1)		Insurance		
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts		
	(3)	X	Trust		(3)	X	Trust		
	(4)		General assets of the sponsor		(4)		General assets of the sponsor		
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, w	here	indicated, enter the number attached. (See instructions)		
a Pension Schedules				b	General	Sch	nedules		
	(1)	×	R (Retirement Plan Information)		(1)		H (Financial Information)		
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)		
		_	Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)		
			actuary		(4)		C (Service Provider Information)		
	(3)		SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)		
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)		

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)						
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)							
If "Yes" is check	ed, complete lines 11b and 11c.						
11b Is the plan	11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)						
enter the Receip	Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, of Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to ceipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						

Receipt Confirmation Code__

SCHEDULE I (Form 5500) Financial Information—Small Plan This schedule is regurded to be lifed under section 104 of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule is regurded to be lifed under section 0506(a) of the Encloyed Enclosed and the Schedule II for Data a		SCHEDULE I	Financial Inf	form	ation_Sn	nall	Plan		OMB No. 1210-0110	
University and the present Description of 1974 (EIRS), and section 2063(a) of the later and section 2063(b) of the 2064). The advect down and the present a						nan			2014	
Destense of Jobs This Form is Open to Public Improve Novin Genery Advancement Previous Novin Genery Advancements Previous Novin Genery Novin Markane Previous		Department of the Treasury							2014	
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j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	h	Administrative service providers (sa	laries, fees, and commissions).	2h						
i Total expenses (add lines 20, 21, 29, 21, and 21)	i	Other expenses		2i						
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a Partnership/joint venture interests 3a X b Employer real property 3b X c Real estate (other than employer real property) 3c X d Employer securities 3d X e Participant loans 3e X	3	remaining in the plan as of the end of t	the plan year. Allocate the value of	f the plai	n's interest in a co	ategori mmin	gled trust containin	nd enter the c g the assets	urrent value of any assets of more than one plan on a line	э-
a Faithership form vendre interests					Г				Amount	
C Real estate (other than employer real property)	а	Partnership/joint venture interests				3a				
d Employer securities e Participant loans 3e X	b	Employer real property			·····	3b	X			
e Participant loans	С	Real estate (other than employer re	al property)			3c	X			
	d	Employer securities				3d	X			
	е									

the instructions for Form 5 ວບບ

			Yes	No	Amount
3f	Loans (other than to participants)	3f	X		0
g	Tangible personal property	3g		x	

Pa	art II	Compliance Questions					
4	During	g the plan year:		Yes	No		Amount
а	describ	ere a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ed. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	year or	ny loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance.	4b		x		
C		ny leases to which the plan was a party in default or classified during the year as ctible?	4c		х		
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions d on line 4a.)	4d		Х		
е	Was the	e plan covered by a fidelity bond?	4e		X		
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		Х		
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		х		
h		plan receive any noncash contributions whose value was neither readily determinable on an hed market nor set by an independent third party appraiser?	4h		х		
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		x		
j	or brou	I the plan assets either distributed to participants or beneficiaries, transferred to another plan, ght under the control of the PBGC?	4j	X			
k	account	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k	х			
Ι	Has the	plan failed to provide any benefit when due under the plan?	41		Х		
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR)1-3.)	4m		Х		
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n				
	If "Yes	esolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year				mount:	0
5b	,	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide erred. (See instructions.)	entify t	he plan	(s) to w	hich assets o	r liabilities were
	Eh (4)				Fh (0)		

5b(1)) Name of plan(s)		5b(2) EIN(s)	5b(3) PN(s)
5c If the	e plan is a defined benefit plan, is it covered under the PBGC insurance program (see ER	SA section 4021)	? Yes No	Not determined
Part III	Trust Information (optional)			
6a Name o EROSA BUII	of trust LDERS, INC. PROFIT SHARING TRUST		6b Trust's EIN 571183047	

DERC	SA BUILDERS,	INC.	PROFIT	SHARING 1	RUST

(Form 5500) 2014 This schedula is required to be liked under section 104 and 4065 of the Employee Retriet Law This Schedula is required to be liked under section 104 and 4065 of the Impose Retriet Law This Form is Open to Public Inspection. Port and any location of the start o		SCHEDULE R	Retirement Plan Information				OMB No. '	1210-011	10	
Internet Neural Sector Employee Retriement Income Security Act 1974 (ERISA) and section This Form is Open to Public Percent elevent Code View > File as an attachment to Form S500. > This Form is Open to Public Proceed leaves Corporation > File as an attachment to Form S500. > Demociliant > Outpublic Proceed leaves Corporation > File as an attachment to Form S500. > Demociliant > Outpublic > Outpublic Part II Distributions Part III Distributions Part III Outpublic Outpublic Outpublic Part II Distributions Part IIII Open sponsor's name as shown on line 2a of Form 5500 Demologies Demologies Demologies Outpublic This Form is Open to Public Part II Distributions Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII							20	14		
Emily bandle Security Annumentation File as an attachment to Form 5500. Inspection. Proce Detect Security Consense 0.101/2014 and ending 1201/2014 A Name of plan. B Three digit Three digit Three digit DEROSA BUILDERS, INC. PROFIT SHARING PLAN B Three digit Three digit Three digit Part I Distributions C Employee Identification Number (EIN) 0.02 C Plan sponsor's name as shown on line 2a of Form 5500 D Employee Identification Number (EIN) 1.3186/3247 Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 1 0 2 Enter the EIN(a) of payor(b) who paid benefits con babel of the plan to participants or payors who paid the greatest during the plan to participants or payors who paid the greatest during the plan to participants or payors who paid the greatest during the plan to participants or payors who paid the greatest during the plan to stable or plants, ESOPs, and stock bonus plans, skip line 3. 3 3 Number of participants (King or deceased) whose benefits were distribution and exter the dete of the number form antion stable or the plan to pay or year occurrence of this schedule. 6 5 Is wone or durinitstator milling and con to a plant gread			Employee Retirement Income Security Act of 1974 (ERISA) a	and secti						
Proteins bent Constant P File as an attachment to Form 5500. For calendar play year 2014 or flicat plan year beginning 01/01/2014 and ending 12/01/2014 A Name of plan. B Theoretight. plan number of plan year 2014 or flicat plan year beginning 00/01/2014 A Name of plan. B Theoretight. plan number of plan year beginning 00/02 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 13/1665247 Part II Distributions relate only to payments of benefits during the plan year. 1 0 0 1 Total value of distributions relate only to payments of benefits during the plan year. 1 0 0 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payers who paid the greatest dollar amounts of benefits. 1 0 Profite-Baharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or decased) whose benefits were distributed in a single sum, during the plan year. 3 Part II FLINGING [Information (II the plan is not subject to the minimum funding requirements of section of 1412 of the Internal Revenue Code or IV was is beine flag amou	Empl		- 6058(a) of the Internal Revenue Code (the Code).			This I			Publ	ic
A Name of plan. B Three-dgit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 13-1665/47 Part I Distributions relate only to payments of benefits during the plan year. 1 0 1 references to distributions relate only to payments of benefits during the plan year. 1 0 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): 0 EIN(s): 57-1183047 3 Part II Functional gradies and etcok bonus plane, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan 3 9 Part II Functing Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or EINS section 302, skip this Part) No NA 4 Is the plan an defined benefit plan, go to line 8. 5 If a waiver of the minimum funding standard for a piror year is being amountaid in this plan year. Day Year If the plan a is a defined benefit plan, go to line 8. 5 If a waiver of the minimum funding standard for a piror year is being amountaid funding decidinen; maxis and to the funding the year.		· · ·	- File as an attachment to Form 5500.							
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1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	Part	I Distributions								
1 0 2 Enter the EIN(s) of payor(s) who paid the greatest dollar amounts of benefits): 0 EIN(s): 57-1183047 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. 3 Part II EUNding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302(d)(2)? Ves No NA 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Ves No NA f the valuer of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month	All ref	erences to distributions related	te only to payments of benefits during the plan year.							
payors who paid the greatest dollar amounts of benefits): EIN(s): 67-1183047 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year					1					0
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan super-structure in the plan structure in the structure in the plan structure in the plan structure in the structure in the structure in the plan structure in the structure in thestructure in the structure in the structure in the str				luring the	e year (if mo	re than	n two, ente	er EINs	of the	e two
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		t II Funding Informa	tion (If the plan is not subject to the minimum funding requirements		-	f the In	ternal Re	venue (Code	or
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plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. 6a 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a b Enter the amount contributed by the employer to the plan for this plan year. 6b c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c If you completed line 6c, skip lines 8 and 9. Yes No N/A 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No Part III Amendments Increase of necreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No	lf	the plan is a defined benefit	plan, go to line 8.		_		_			
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b Enter the amount contributed by the employer to the plan for this plan year	υa	-		-	6a					
(enter a minus sign to the left of a negative amount) 6c If you completed line 6c, skip lines 8 and 9. Yes 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? No N/A Part III Amendments Yes No N/A 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No Part IV ESOPS (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No 11 a Does the ESOP hold any preferred stock? Yes No b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? Yes No	b	• /								
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8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?										
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Part III Amendments 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box Increase Decrease Both No Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No 11 a Does the ESOP hold any preferred stock? Yes No b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? Yes No	a	uthority providing automatic ap	proval for the change or a class ruling letter, does the plan sponsor	or plan	Π	Yes	П	No		N/A
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b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan?	10 V	Vere unallocated employer sec	urities or proceeds from the sale of unallocated securities used to re	pay any	exempt loar	า?		Yes	[No
(See instructions for definition of "back-to-back" loan.)								Yes	[No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	b							Yes		No
	12 D	oes the ESOP hold any stock	that is not readily tradable on an established securities market?					Yes		No

Page 2 -	1
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Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans				
13			lowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in				
	aoi a	,	e instructions. Complete as many entries as needed to report all applicable employers. of contributing employer				
	_						
	<u>b</u>	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachments						
			te lines 13e(1) and 13e(2).) ontribution rate (in dollars and cents)				
		. ,	ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	f contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year				
	е		ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,				
	C		te lines 13e(1) and 13e(2).)				
		(1)	ontribution rate (in <u>dollars</u> and cent <u>s</u>)				
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е		ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,				
	•	comp	te lines 13e(1) and 13e(2).)				
			ontribution rate (in dollars and cents)				
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
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		. ,	ontribution rate (in dollars and cents)				
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contr	ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,				
		comp	te lines 13e(1) and 13e(2).)				
		• •	ontribution rate (in dollars and cents)				
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year				
	е		ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,				
	-	comp	te lines 13e(1) and 13e(2).)				
		• •	ontribution rate (in dollars and cents)				
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):				

14	Enter the number of participants on whose	behalf no contributions were made	e by an employer a	s an employer of the
----	---	-----------------------------------	--------------------	----------------------

	participant for:		F
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ake an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.		° •
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	nstructior	ns regarding supplemental
19	 If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt: 	_% Oth	ner:%

Form 5500	Annual Return/Report of Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104. and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).			2014 This Form is Open to Public Inspection	
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance with the Instructions to the Form 5500. 				
ension Benefit Guaranty Corporation					
Part I Annual Report	Identification Information			inspection	
or calendar plan year 2014 or fis		01/01/2014	and ending 12/	31/2014	
This return/report is for:	a multiemployer plan;	and a second sec	loyer plan (Filers checking nployer information in acco	this box attach a list of ordance with the form instructions); or	
	X a single-employer plan;	a DFE (specify)		
3 This return/report is:	the first return/report;	x the final return	A A		
	an amended return/report;	a short plan ye	ar return/report (less than	12 months).	
If the plan is a collectively-barg	gained plan, check here				
Check box if filing under:	Form 5558;	automatic exte	nsion;	the DFVC program;	
Part II Basic Plan Info	rmation enter all requested i				
a Name of plan	ination enter all requested i	mormation		1b Three-digit plan	
en vi andreeste leins en o	nc. Profit Sharing Plan	5		number (PN) ► 002	
				1c Effective date of plan 01/01/1991	
a Plan sponsor's name and a	ddress; include room or suite number	(employer, if for a sing	gle-employer plan)	2b Employer Identification	
				Number (EIN) 13-1865247	
DeRosa Builders, In	nc.				
				2c Plan Sponsor's telephone	
				(914) 682-1800	
Lake Street	7 Lake St	reet		2d Business code (see	
				instructions)	
S White Plains NY 10603	US White	Plains NY 10603		238900	
Caution: A penalty for the late of	or incomplete filing of this return/re	port will be assesse	d unless reasonable cau	se is established.	
				ort, including accompanying schedules, I belief, it is true, correct, and complete.	
SIGN HERE		4-17-15	John DeRosa	1	
Signature of plan ac	dministrator	Date	Enter name of individua	l signing as plan administrator	
SIGN HERE	m	4-17-15	John DeRosa		
Signature of employ	yer/plan sponsor	Date	Enter name of individua	l signing as employer or plan sponsor	
SIGN HERE					
Signature of DFE		Date	Enter name of individua	I signing as DFE	
Preparer's name (including firm	name, if applicable) and address (inc	lude room or suite nur		reparer's telephone number ptional)	
				the second s	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

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Form 5500 (2014) v.140124