Form 5500-SF Department of the TreasuryShort Form Annual Return/Report of Small Em Benefit Plan					of Small Empl	oyee	0	MB Nos. 1210-0110 1210-0089		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe							2017		
	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).						This Form is			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the F							n 5500-SF.			
Part I		dentification Information			and an diam. At					
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan										
A This ret	urn/report is for:	X a single-employer plan	lis	t of participating em	in (not multiemployer) (ployer information in ac		-			
B This retu	urn/report is	a one-participant plan		oreign plan						
		the first return/report		final return/report						
•		an amended return/report	∐a s	hort plan year return	/report (less than 12 m	onths)				
C Check I	box if filing under:	X Form 5558		tomatic extension		DFVC	orogram			
		special extension (enter descri	• •							
Part II		mation—enter all requested info	ormatic	n			r			
1a Name						1b Thre	ee-digit number			
DIVERNIER	I, DIVERNIERI AND CC	TTER PROFIT SHARING PLAN				(PN		001		
						1c Effe	ctive date of	•		
2a Plan s	ponsor's name (employe	er, if for a single-employer plan)				2b Emp	01/01 olover Identifi			
	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				uctions)	2b Employer Identification Number (EIN) 13-3460212				
	IVERNIERI, DIVERNIERI AND COTTER, LLP					2c Sponsor's telephone number 718-667-1301				
						2d Business code (see instructions)				
361 EDISON STATEN ISI	STREET AND, NY 10306-3043					541110				
	,,									
3a Plan a	dministrator's name and	I address 🗙 Same as Plan Spon	nsor.			3b Adm	3b Administrator's EIN			
						3c Adm	ninistrator's te	elephone number		
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as chan	ged since the last re	turn/report filed for	4b EIN				
this pl	an, enter the plan spons	sor's name, EIN, the plan name a								
C Plan N	or's name lame					4d PN				
							1			
		t the beginning of the plan year				5a 5b		5		
		It the end of the plan year ccount balances as of the end of t				5b		5		
compl	ete this item)					5c		3		
. ,		icipants at the beginning of the pla	-			5d(1)		4		
• •		icipants at the end of the plan yea erminated employment during the				5d(2)		4		
than	100% vested					5e		0		
		r incomplete filing of this return er penalties set forth in the instruc						able, a Schedule		
SB or Sche		d signed by an enrolled actuary, a								
SIGN		alid electronic signature.		10/09/2018	ROSEANN DIVERNIE	RI				
HERE	Signature of plan ad	ministrator		Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN										
HERE	Signature of employ	er/plan sponsor		Date	Enter name of individ	ual signing	as employe	r or plan sponsor		

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Form 5500-SF (2017) v.170203

47976

6a	······································		()						
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead us	e Form 5500.					
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
			3	(See instructions.)					
Pa	rt III Financial Information	-							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	327128	375104					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	327128	375104					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а									
	(1) Employers	8a(1)	0						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	47976						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		47976					
d									
	to provide benefits)	8d	0						
e	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					

Part IV Plan Characteristics

i Net income (loss) (subtract line 8h from line 8c).....

j Transfers to (from) the plan (see instructions)

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E 3D

8i

8j

0

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

Part	V Compliance Questions				
10	During the plan year:	`	/es	No	Amount
а	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)	0a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		X	
С	Was the plan covered by a fidelity bond? 1	0c	x		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		X	
e	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.)	0e	x		10
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	0g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		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	10i			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

-						
	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Inte	Pepartment of Labor	This form is required to be filed un	der sections 104 and	4065 of the Employee F	Retirement	2017
Employee E	Benefits Security Administration	Income Security Act of 1974 (ER	venue Code (the Code	e).	e Internal	This Form is Open to
Pension B	enefit Guaranty Corporation	Complete all entries in account of the second se	ordance with the inst	ructions to the Form 5	500-SE	Public Inspection
Part I	Annual Report	Identification Information				
For calend	lar plan year 2017 or f	iscal plan year beginning 01	/01/2017	and ending	12/3	1/2017
A This re	turn/report is for:		list of participating er	lan (not multiemployer) nployer information in a	(Filers checki ccordance wi	ing this box must attach a the form instructions.)
D This and		a one-participant plan	a foreign plan			
	urn/report is	the first return/report	the final return/report			
				n/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension			
		special extension (enter descriptio			DFVC pr	ogram
Part II	Basic Plan Info	prmation—enter all requested inform				
1a Name		indion-enter an requested inform	allon		1b Three	diait
	•	RI AND COTTER PROFIT SH	ADTMO DI AM			number 001
DIVERIOI.	BRI, DIVERNIE	RI AND COILER PROFIL SH.	ARING PLAN		(PN)	
						ive date of plan 1 ∕ 1 9 9 3
2a Plan s Mailing	ponsor's name (emplo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo	N)			over Identification Number
City or	town, state or provinc	ce, country, and ZIP or foreign postal co	x) de (if foreign, see inst	ructions)		13-3460212
DiVern:	ieri, DiVerni	eri and Cotter, LLP		,		sor's telephone number 567-1301
361 Edi	lson Street				2d Busine	ess code (see instructions)
					54111	. 0
Staten	Island	NY 10306-3043				
3a Plan a	dministrator's name a	nd address X Same as Plan Sponsor.			3b Admin	istrator's EIN
					3c Admin	istrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor or the plan name has ch nsor's name, EIN, the plan name and ti	anged since the last n	eturn/report filed for	4b EIN	
	or's name			le last return/report.	4d PN	
C Plan N	lame					
5a Total r	number of participants	at the beginning of the plan year			5a	5
		at the end of the plan year			5b	5
C Numb	er of participants with	account balances as of the end of the p	lan year (only defined	contribution plans	5c	3
		rticipants at the beginning of the plan ye			5d(1)	4
		rticipants at the end of the plan year			5d(2)	4
e Numb	per of participants who	terminated employment during the plan	n year with accrued be	nefits that were less	5e	-
Caution: A	penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unloss rossonable ea		O
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructions nd signed by an enrolled actuary as we	 I declare that I have 	examined this return/re	nort includin	a if applicable a Schedule
SIGN	Can AT	Werniesi		Roseann DiVern	lieri	
HERE	Signature of plan a		Date 10/9/18			
SIGN	11 1.7	511	Date 10/9/18	Enter name of individ	ual signing as	s plan administrator
HERE	Signature of ample	Mernier	n intelle			
	Signature of emplo	yenplan sponsor	Date /0/9/18	Enter name of individ	ual signing as	s employer or plan sponsor

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined . (See instructions.)
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning o	of Year	-		(b) End of)	ear
a Total plan assets	7a		327,			(17) = 112 01	375,104
b Total plan liabilities	7b			0			
C Net plan assets (subtract line 7b from line 7a)	7c		327,	128			375,104
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Tota	
 a Contributions received or receivable from: (1) Employers 	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		47,	976			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47,976
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						C
E MARKET AN	8i						47,976
i Net income (loss) (subtract line 8h from line 8c)	01						
j Transfers to (from) the plan (see instructions)	8j			0			
j Transfers to (from) the plan (see instructions)	8j	des from the List of Pla	an Cha	-	stic Codes	in the instructi	
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feet 	8j feature coo			racteri			ons:
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D	8j feature coo			racteri			ons:
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: 	8j feature code	es from the List of Plar		racteri		n the instructio	ons: ns:
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V) 	8j feature code ature code	es from the List of Plan		racteri	tic Codes ir		ons: ns:
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 	8j feature code ature code ions within oluntary Fi	es from the List of Plan the time period duciary Correction	n Chara	racteri	tic Codes ir	n the instructio	ons: ns:
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest 	8j feature code eature code ions within oluntary Fi ? (Do not ir	es from the List of Plar the time period duciary Correction	10a 10b	racteri	No	n the instructio	ons: ns: unt
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's file 	8j feature code ature code ions within oluntary Fi ? (Do not ir	es from the List of Plan the time period duciary Correction nclude transactions	10a	racteris acteris	No	n the instructio	ons: ns: unt
 j Transfers to (from) the plan (see instructions)	8j feature code ature code ions within oluntary Fi ? (Do not ir fidelity bon er persons e or all of t	es from the List of Plan the time period duciary Correction nclude transactions d, that was caused by an insurance	10a 10b 10c	racteris acteris	No X	n the instructio	ons: ns: unt 30,000
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's the plan dishonesty? 	8j feature code ature code ions within oluntary Fi ? (Do not in fidelity bon fidelity bon er persons e or all of t	es from the List of Plan the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e	Yes X	No X	n the instructio	ons: ns: unt 30,000
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? 	8j feature code ature code ions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t n?	es from the List of Plan the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes X	No X	n the instructio	ons: ns: unt 30,000
 j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension to 2E 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest? c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's the yfraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) 	8j feature code ature code ions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t n? See instruc	es from the List of Plan the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under nd.)	10a 10b 10c 10d 10e 10f	Yes X	No X X X X X X	n the instructio	ons: ns:

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	BB	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	302 0	f	Yes X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter Da		the letter ruling Year
lf y	ou 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		
	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 V	/II 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 control of the PBGC?			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	
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)