Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				2017 This Form is Open to					
Pension Be	enefit Guaranty Corporation	 Complete all entries in a 	,	Public Inspection							
Part I	Annual Report lo										
For calend	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 Image: single-employer plan Image: single-employer plan Image: single-employer plan Image: single-employer plan										
A This ref	turn/report is for:	x a single-employer plan	list of participating employer information in accordance with the form instructions.)								
B This retu	urn/report is	the first return/report	the final return/report	i i							
	[an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
Part II	Basic Plan Infor	mation—enter all requested info	ormation								
1a Name					1b Three	e-digit number					
GLASS & IN	ISERRA MD PC PROFI	I SHARING PLAN			(PN)						
					1c Effect	tive date of plan 07/01/1975					
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 11-3025885						
	SERRA MD PC				2c Spor	nsor's telephone number 631-360-2200					
300 MIDDI E	COUNTRY ROAD				2d Business code (see instructions)						
	N, NY 11787-2824					621111					
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN											
	3c Administrator's telephone number										
		plan sponsor or the plan name ha	5	•	4b EIN						
•	lan, enter the plan spons or's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN						
C Plan N											
5a Total	number of participants a	t the beginning of the plan year			5 a 1						
b Total	number of participants a	t the end of the plan year			5b	9					
		ccount balances as of the end of t		•	5c	9					
•	,	cipants at the beginning of the pla			5d(1)						
		icipants at the end of the plan yea			5d(2)	0					
	per of participants who te 100% vested	5e 0									
Caution: A	A penalty for the late or	r incomplete filing of this return	/report will be assesse	d unless reasonable ca							
SB or Sche	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.										
SIGN	Filed with authorized/va	alid electronic signature.	04/03/2018	KENNETH GLASS							
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	dividual signing as plan administrato						
SIGN	Filed with authorized/v	alid electronic signature.	04/03/2018	KENNETH GLASS							
HERE For Paperw	Signature of employe	er/plan sponsor , see the Instructions for Form 5500	Date	Enter name of individ	ual signing a	as employer or plan sponsor Form 5500-SF (2017)					
For Faperw	OR NEULION ACT NOTICE,	, see the manufulons for Form 3300	-01.			v.170203					

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes 🗌 No			
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
c	If the plan is a defined benefit plan, is it covered under the PBGC in									
U	If "Yes" is checked, enter the My PAA confirmation number from th									
		erboor		ian yea	I		(See instructions.)			
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
a	Total plan assets	7a	934	44966			96240			
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	934	44966			96240			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1) 8a(2)								
	(2) Participants		-							
h	(3) Others (including rollovers)	7-	74606							
	Other income (loss) 8b 774696									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							774696			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	997	79816						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	4	43606						
q	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10023422			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-9248726			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	-,								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:			
	2A 2E 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	es in the instructions:			
_										
	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	 Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	oluntary F	-iduciary Correction	10a		x				
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C	Was the plan covered by a fidelity bond?			10c	х		500000			
c	Did the plan have a loss, whether or not reimbursed by the plan's	ond, that was caused								

by fraud or dishonesty?
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.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

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10d

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Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	`	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d			
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?		X Yes	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	8) PN(s)

Form 5500-SF		-SF	Short Form Annual Return/Report of Small Employ Benefit Plan						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service			This form is required to be filed under sections 104 and 4065 of the Employe					2017			
Er	Department of La mployee Benefits Security		Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(the Internal Revenue Code (the Code).						s Open to Public spection		
	Pension Benefit Guarant		Complete all entries in a		nce with the instruc	tions to the Form 550	0-SF.				
			dentification Information					/21 /0017			
Fo	r calendar plan yea		al plan year beginning		01/01/2017	and ending		/31/2017			
A	This return/report		x a single-employer plan a one-participant plan	L al	multiple-employer pla list of participating er foreign plan	an (not multiemployer) nployer information in a	(Filers c accordai	hecking this bo nce with the for	m instructions.)		
В	This return/report	is: [the first return/report an amended return/report		e final return/report short plan year retur	n/report (less than 12 m	nonths)				
с	Check box if filing	under: [Form 5558		utomatic extension		DFVC program				
F		l	special extension (enter desc								
		Plan Infor	mation enter all requested	linforma	ation		1b ⁻	Three-digit			
là	A Name of plan		PC PROFIT SHARING PLAN	1			1	olan number	001		
	GLASS & INS		ee morri omnerio 122	•				PN) ► Effective date o			
								07/01/1975			
2a	Mailing Address	(include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P	.O. Box) e (if foreign, see inst	ructions)		Employer Identification Number (EIN) 11-3025885			
City or town, state or province, country, and ZIP or foreign postal code (i GLASS & INSERRA MD PC					o (,		Sponsor's telephone number (631) 360-2200			
309 MIDDLE COUNTRY ROAD 2d Business code (see instruction of the second of the sec							(see instructions)				
_	US SMITHTOWN N	Y 11787-282	4				3h	Administrator's	FIN		
3a Plan administrator's name and address X Same as Plan Sponsor											
							3c /	Administrator's	telephone number		
4	If the name and	or EIN of the	plan sponsor or the plan name l	has cha and the	nged since the last replan number from the	eturn/report filed for le last return/report.	4b	EIN			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN							PN				
(c Plan Name										
_			at the boginging of the start second				5a		10		
			at the beginning of the plan year at the end of the plan year				5b		9		
	C Number of partic	cipants with a	account balances as of the end o	f the pla	an year (only defined	contribution plans	5c		9		
c			icipants at the beginning of the p				5d(1)	0		
d(2) Total number of active participants at the end of the plan year						5d()	2)	0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						56	5e 0				
0	Caution: A penalty	for the late of	or incomplete filing of this retu	urn/repo	ort will be assessed	unless reasonable ca	ause is	established.			
l	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.										
	SIGN		YU		K () (II)					
	SIGN HERE Signature	of plan adm	inistrator		Date	Enter name of individu	ial signi	ng as plan adm	ninistrator		
		1.0 0	TUDALAN		4/3/18						
	SIGN HERE Signature	of employer.	/plan sponsor		Date	Enter name of individu	ial signi	ng as employe	r or plan sponsor		

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 b

6a 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)

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.

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			errem (acc EBISA section	n 102	1)2	F	Ves		Not determined		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	11 402	i): •	······			instructions)		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year _					(See	e instructions.)		
	art III Financial Information		(a) Beginning of	Year		<u> </u>		(b) End of Y	'ear		
7	Plan Assets and Liabilities	7-	(a) Beginning 6					96,240			
a	Total plan assets	7a	9,34	4,90					0		
<u>b</u>	Total plan liabilities	7b			0		96,240				
<u>_</u> C	Net plan assets (subtract line 7b from line 7a)	7c	<u>9,34</u> (a) Amount	4,90	56						
8	Income, Expenses, and Transfers for this Plan Year				<u> </u>	(b) Total					
а	Contributions received or receivable from:	8a(1)									
	(1) Employers	8a(2)									
	(2) Participants				-						
<u> </u>	(3) Others (including rollovers)	8a(3) 8b		4,6	96						
_b	Other income (loss)						774 606				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u></u>					774,696		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9,97	79,8	16						
_	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>e</u>	Administrative service providers (salaries, fees, commissions)	8f	4	13,6	06						
<u>f</u>		8g									
g	Other expenses	8h			÷.			10	,023,422		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i					(9,248,726)				
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)										
j	Transfers to (from) the plan (see instructions)	8j				<u> </u>					
P	art IV Plan Characteristics	· · · ·									
9 a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	cteristi	c Cod	es in th	e instruction	IS:		
	2A 2E 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructions	3:		
E	art V Compliance Questions										
10					Yes	No	N/A	Ar	nount		
		itions withi	n the time period								
	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 Volume)	oluntary Fi	duciary Correction								
	Program)			10a		x					
	b Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	1							
	reported on line 10a.)			10b		x					
	C Was the plan covered by a fidelity bond?			10c	х				500,000		
	d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused								
	by fraud or dishonesty?			10d	L	x			·		
	e Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x					
	the plan? (See instructions.)	•••••			L	L	I COMPANY				

Has the plan failed to provide any benefit when due under the plan? 10f х f 10g х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h 10h х 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3 10i

XYes No

X Yes No