## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

**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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

SIGN	Jigilatalo oi piali i	- wiiiiiii					OIL	g ao pian adi			
HERE	Signature of plan				Date	Enter name of individ	ual sic	ıning as plan adr	ministrator		
	Filed with authorized	plete.	electronic signature.	as well a	10/02/2018	DREW A. STEIN MD	t, and	to the best of my	knowleage and		
Under per	nalties of perjury and o	ther per	nalties set forth in the instru	uctions, I	declare that I have	examined this return/re	port, ii	ncluding, if applic			
			omplete filing of this retu								
<ul><li>d(2) Total number of active participants at the end of the plan year</li><li>e Number of participants who terminated employment during the plan year with accrued benefits that were less</li></ul>					nefits that were less	5e 0					
d(1) Total number of active participants at the beginning of the plan year						5d(1) 5 5d(2) 5					
C Numl	ber of participants with	accoun	nt balances as of the end of	f the plar	n year (only defined o	contribution plans	5		5		
_			beginning of the plan year end of the plan year				5	+	5		
5a Total	number of participants	s at the	heginning of the plan year				5	a	5		
C Plan l							-tu	I IN			
this p			name, EIN, the plan name				<b>4d</b> PN				
4 If the	name and/or EIN of th	e plan s	sponsor or the plan name h	nas chan	ged since the last re	turn/report filed for	4b	EIN			
Sa Plana	administrator's name a	na addr	ress 🛚 Same as Plan Spo	onsor.					elephone number		
	· 		ross V Sama as Blan Sas				3h	Administrator's I	=INI		
36 WEST 4	4TH STREET, SUITE	401						6211			
DREW STEIN, MD, PLLC							212-398-2300  2d Business code (see instructions)				
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)	(EIN) 20-4975700 <b>2c</b> Sponsor's telephone number				
			for a single-employer plan)	0.0.			2b	Employer Identif	fication Number		
							1c	Effective date of	f plan 1/2008		
1a Name	e of plan EIN, MD, PLLC EMPLC	YEES'	RETIREMENT PLAN				10	Three-digit plan number (PN) ▶	001		
Part II		ormati	ion—enter all requested in	nformatic	on		41-	<b>—</b>			
special extension (enter description)											
<b>C</b> Check	box if filing under:	X Fo	orm 5558	au	tomatic extension		DF	FVC program			
		=	amended return/report	=		/report (less than 12 m	onths)	)			
<b>B</b> This ref	turn/report is	the	e first return/report	the	final return/report						
A miste	rum/report is ior.	ас	one-participant plan		foreign plan	sioyor imorridadir iir do	,001 da	1100 Will till 10111	r mondonorio.)		
Δ This re	eturn/report is for:	x as	single-employer plan			n (not multiemployer) ( ployer information in ac		-			
For calend	dar plan year 2017 or f	iscal pla	an year beginning 01/01/	2017		and ending 12	2/31/2	017			

Date

Signature of employer/plan sponsor

**HERE** 

Enter name of individual signing as employer or plan sponsor

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					<u> </u>
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	an yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	l of Year
а	Total plan assets	7a	14	19210				192199
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	14	19210				192199
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)	2	21647				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	2	23204				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44851
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1862				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1862
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						42989
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	les in the insti	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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)	•	,	10a		X		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			X		
	reported on line 10a.)			10b 10c	X			20000
d				100				20000
	by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X			1280
f				10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii				
	. 1 0				—			

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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 (Form 5500) and line 11a below)	chedule	SB	\	res 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 set ERISA?	ion 302	of		res X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver		r the date ay	of the lette Year _	r ruling
lf y	you 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			
С	Enter the amount contributed by the employer to the plan for this plan year	120	:		
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 '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s N	0
	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 control of the PBGC?	ne		Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	(s) to			
1	<b>3c(1)</b> Name of plan(s):	( <b>2)</b> EIN(	s)	13c(3	) PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

## 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).

2017

12/31/2017

and ending

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110 1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

	plan year 2017 or 1	fiscal plan year beginning	01/01		and ending		2/31/2017		
1		X a single-employer plan	a mu	Itiple-employer pla of participating em	n (not multiemployer) (l ployer information in ac	Filers o	thecking this box ace with the form	must attach a instructions.)	
A This retur	rn/report is for:	a one-participant plan		reign plan					
<b>B</b> This return	n/report is	the first return/report	the fi	inal return/report					
		an amended return/report	ash	ort plan year return	/report (less than 12 m	onths)			
C Check bo	ox if filing under:	X Form 5558	- Carolina	omatic extension		DF	VC program		
		special extension (enter des							
		ormation—enter all requested	information	1		1b	Three-digit		
1a Name o	350	S EMPLOYEES! DETIDEM	באויי סו. ב	M		-	plan number	001	
DREW STE	IN, MD, PLL	C EMPLOYEES' RETIREM	ENI FDA	214			(PN) Fifective date of	f plan	
							1/01/2008		
2a Plan spo	onsor's name (emp	loyer, if for a single-employer plan om, apt., suite no. and street, or F	) O Box)				Employer Ident (EIN) 20-497	fication Number 5700	
City or t	lown, state or provin	nce, country, and ZIP or foreign po	stal code (	if foreign, see instr	ructions)	2c Sponsor's telephone number			
DREW ST	EIN, MD, PL	LC				212-398-2300			
26 WEGE	AATH CTDEET	r, SUITE 401						(see instructions)	
36 MESI	44IH SIKEE	1, 50111 401				6	21111		
NEW YOR	K	NY 10036							
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
				and almost the look of	esturalranart filed for	4h	EIN		
this pla	an, enter the plan s	the plan sponsor or the plan name ponsor's name, EIN, the plan nam	e has chang e and the p	ged since the last roll blan number from t	he last return/report.				
<b>a</b> Sponso						4d	PN		
c Plan N	ame								
5a Total n	number of participar	nts at the beginning of the plan year	ar			-	a	5	
<b>b</b> Total r	number of participar	nts at the end of the plan year				5	b	5	
C Number	er of participants wi ete this item)	th account balances as of the end	of the plan	year (only defined	d contribution plans		ic		
		participants at the beginning of the				- 1	(1)	5	
<b>d(2)</b> Tota	al number of active	participants at the end of the plan	year			5d	(2)	Ĩ	
than '	100% vested	ho terminated employment during					ie .	(	
Caution: A	nenalty for the la	te or incomplete filing of this re	turn/repor	t will be assessed	l unless reasonable c	ause is	s established.	licable a Cabadula	
SB or Sche	alties of perjury and edule MB completed true, correct, and co	other penalties set forth in the ins	tructions, I y, as well a	as the electronic ve	ersion of this return/repo	eport, ort, and	I to the best of r	ny knowledge and	
SIGN	de, correct, and the	M.		1-12/18	DREW A. STEIN	MD N			
HERE	Signature of pla	n administrator		Date	Enter name of indiv	idual si	gning as plan a	dministrator	
SIGN		1							
HERE		ployer/plan sponsor		Date	Enter name of indiv	idual si	gning as emplo		
For Paperwe	ork Reduction Act N	otice, see the Instructions for Form	5500-SF.					Form 5500-SF (2017)	

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_	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit	ndent qualified public a	account	ant (IC	PA)		X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the							Not determined . (See instructions.)
Pai	t III Financial Information		Т					
7	Plan Assets and Liabilities		(a) Beginning (				(b) End	of Year
a	Total plan assets	7a		149,	210			192,199
<u>b</u>	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		149,	210			192,199
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from:  (1) Employers	8a(1)		21,	647			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b		23,	204			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44,851
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f		1.3	862			
	Other expenses	8g			-			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,862
	i Net income (loss) (subtract line 8h from line 8c)							42,989
	Transfers to (from) the plan (see instructions)	8j						,
Par	t IV Plan Characteristics	_ oj						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan	an Chai	racteris	stic Co	odes in the ins	tructions:
b	2A 2E 2F 2G 2J 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	cterist	ic Cod	des in the instr	uctions:
Par					Vac	Na	l	
10	During the plan year:	itiono withi	n the time period		Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributure described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
С				10c	Х			20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			1,280
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
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				

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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 comple (Form 5500) and line 11a below)		edule S	В	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 of ERISA?	r section	n 302 of		Yes 🗓	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.		d enter t Day		of the letter ruling Year	_
lf y	you 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			
C	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 negative amount)	a	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	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?	der the			Yes X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> PN(s)	