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. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018				
A This ret	turn/report is for:	X a single-employer plan		an (not multiemployer) (F	_				
D T b':	a one-participant plan a foreign plan								
B This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	nths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
		special extension (enter desc	. ,						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name DREW STEI	•	DYEES' RETIREMENT PLAN			1b Three-digiting plan number (PN) ▶				
					1c Effective of	late of plan 01/01/2007			
		oyer, if for a single-employer plan)) D)			Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		ructions)	(EIN)	20-4975700			
	N, MD, PLLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's telephone number 212-398-2300				
					2d Business	code (see instructions)			
36 WEST 44 NEW YORK,	TH STREET, SUITE . NY 10036	401			621111				
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	itor's EIN			
				_	20 A duna includen	*****			
					3C Administra	tor's telephone number			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
	or's name	5.155. 5 Harris, 2 .11, 1115 pian Harris	p.a		4d PN				
C Plan N	lame								
5a Total	number of participant	s at the beginning of the plan year.			5a	5			
b Total	number of participant	s at the end of the plan year			5b	4			
		account balances as of the end of		-	5c	4			
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	0			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ar		5d(2)	0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establish	ed.			
SB or Sche	alties of perjury and or edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, a nolete.	ctions, I declare that I have as well as the electronic ver	examined this return/repression of this return/report,	ort, including, if and to the best	applicable, a Schedule of my knowledge and			
SIGN	Filed with authorize	d/valid electronic signature.	08/27/2019	DREW A. STEIN MD					
HERE	Signature of plan	administrator	Date	Enter name of individu	vidual signing as plan administrator				
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponsor				

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_										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_				
	If "Yes" is checked, enter the My PAA confirmation number from the									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year			
a	Total plan assets	7a	, , , ,	92199			171342			
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	92199			171342			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		24372						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-	12942						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11430			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28885						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f 8g		3402						
_	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				32287					
-	Net income (loss) (subtract line 8h from line 8c)	8i					-20857			
	Transfers to (from) the plan (see instructions)									
	t IV Plan Characteristics	ft	dee from the Liet of DI	Ch		-+:- O-	alon in the circumstiane.			
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	reature co	ides from the List of Pi	an Cna	racteris	Stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in the instructions:			
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)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		20000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)						799			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		Χ					
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			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 con (Form 5500) and line 11a below)			В		es 🗌 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 Cod ERISA?	e or section	n 302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	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			
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 (enter a minus sign to the left negative amount)	of 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	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Socurity Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public inspection

Part I	Annual Report	Ident	illication Inform	nation	01 /01 /0010	and ending		2/31/2018)
For calendar	plan year 2018 or fi	iscal pla	an year beginning		01/01/2018 ☐a multiple-employer plat				<u> </u>
A This retu	rn/report is for:	X as	single-employer plai	п	Ilst of participating emp	n (not mutterriployer) (r Noyer infor <mark>mati</mark> on in acc	orda	nce with the for	n instructions.)
_		a	one-participant plan	١	a foreign plan				
B This retur	n/report is	the	e first return/report		the final return/report				
		∏ал	n amended return/re	eport	a short plan year return	report (less than 12 mc	nths)	l	•
C Check b	ax if filling under:	_ ∏ Fo	orm 5558		automatic extension	[DŘ	VC program	
		and a	pecial extension (ent	ter descr	lotion)	·			
D-411	Posia Blan Infe		ion—enter all requ						
Part II		Olifiat	NOTI-eurer an regu	iesteu iii	OTTIBLION		1b	Three-digit	
1a Name o DR度W	stein, MD, :	PLLC	EMPLOYEES'	RETIR	EMENT PLAN			plan number (PN)	001
						-	10	Effective date	·
								01/01/200	•
2s Please	oneorie name /empl	over if	for a single-employe	er plan)		N. F	2b	Employer Iden	tification Number
Mailing	addrage fineluda roc	om ant	suite on and stres	at. or P.C	D. Box)	,		(EIN) 20-49	75700
City or	town, state or provin	ice, cou	intry, and ZIP or fore	eign post	al code (if foreign, see instr	ıctions)	2¢	Sponsor's tele	
DREW	STEIN, MD,	PLLC						212-398-2	
36 W	EST 44TH STR	EET,	SUITE 401				2d	Business code	(see instructions)
NEW	YORK		NY	1.003	36			621111	
20 8/		and add	tress X Same as F	Plan Son	near		3Ь	Administrator's	EIN
4 If the n	ame and/or FIN of the	he olan	sponsor or the plan	name h	as changed since the last re	turn/report filed for	4ь	EIN	
this pla	an, enter the plan sp	onsor's	name, EIN, the pla	n name :	and the plan number from th	e last return/report.			
a Sponso	or's name						4d	PN	
								ia i	
								b	
b Total r	umber of participan	ts at the	e end of the plan yea	ar			 -		
C Number	er of participants with ete this item)	n accon	unt balances as of th	ie end di	the plan year (only defined	contribution plans		ic	4
•					olan year		—	l(1)	
					er		, 5c	l(2)	
					e plan year with accrued be		,	Se .	C
Caution: A	penalty for the lat-	e or inc	complete filing of t	hiş retur	n/report will be assessed	uniess reasonable car	use i	s ostablished.	
SB or Sche	alties of perjury and dule MB completed rue, correct, had cor	and sig	enalties set forth in t gned by an enrolled	the instru actuary,	ictions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/repor	port, t, end	including, if app to the best of r	my knowledge and
SIGN	ine collect affice	IIIN EIG.			5/27/19	DREW A. STEIN	MD		
HÉRE		77			' '	Enter name of individ		inning se plan a	dministrator
	Signature of plan	Ladmin	nstrator		Date	_ ⊑nter name of individ	ual S	guing as plan a	MURINORARAI
SIGN						#			
	Signature of emp	oloyer/p	olan sponsor		Date	Enter name of individ	iual s	igning as emplo	yer or plan sponsor

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Page.	4

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d Benefits paid (including direct rollovers and insurance premitums to provide benefits)	6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)	ecoupts	ent /IO	PA)		X Yes No
C If the plan is a defined banefit plan, list towered under the PBGC premium filtry for its plan year.	D	under 29 CFR 2520.104-46? (See instructions on walver eligibility a	and condit	ions.)					🗓 Yes 🗌 No
If Yee' is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									☐ Not determined
Part III Financial Information (a) Beginning of Year (b) End of Year 7	C								<u> </u>
7 Plan Assets and Liebilities 7 Ta 192,199 171,342 a Total plan assets (subtract line 7b from line 7a) 7c 192,199 171,342 C Net plan assets (subtract line 7b from line 7a) 7c 192,199 171,342 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receively from: (1) Employers 8a(1) 24,572 (2) Participants 8a(2) 8a(3) 9a(3) 8a(4) 8a(4) 8a(3) 9a(4) 8a(4) 8a(4) 8a(4) 9a(4) 8a(4) 9a(4) 8a(4) 9a(4) 8a(4) 9a(4) 8a(4) 9a(4) 9a		If "Yes is checked, enter the My PAA confirmation number from the	егьсср	tenapa alia pi	an year				(444
a Total plan passets	Pa	rt III Financial Information							
b Total plan liabilities	7	Plan Assets and Liabilities						(b) End	
C Net plan assets (subfract line 7b from line 7e). 7c 1.92, 1.99 171, 342 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a (1) 24, 3.72 (2) Participante. (3) Others (including rollowers). 8a (3) b Others (including rollowers). 8a (3) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	а	Total plan assets	7a		192,	199			171,342
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Participants (6) Other income (lose) (6) Other income (lose) (7) Other income (lose) (8) Others (lose) (8) Others (lose) (8) Others (lose) (8) Others (lose) (8) Other services and insurance premiums to provide benefits of the state of the services and insurance premiums to provide benefits) (8) Other sepanses (including direct relicovers and insurance premiums to provide benefits) (8) Other sepanses (lose) (8) Other sepanses (lose) (8) Other sepanses (and lines 8d, 18, 8f, and 8g). (9) Other expenses (and lines 8d, 8e, 8f, and 8g). (9) Other expenses (and lines 8d, 8e, 8f, and 8g). (9) Other income (lose) (subtract line 8h from line 8c). (1) Net income (lose) (subtract line 8h from line 8c). (2) State (lose) (8) Other sepanses (lose) (9) Other sepanses (lose) (9) Other sepanses (lose) (10) Other sepanses	ь	Total plan liabilities	7b						
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Ba(3) (5) Others (including rollovers) (6) Other income (losts) (7) Other income (losts) (8) Bb	c	Net plan assets (subtract line 7b from line 7a)	7c	0.00	192,	199			171,342
(1) Employers 8a(1) 24,172 (2) Participants 8a(2) (3) Others (including rollovars). 8a(3) D Other income (loss). 8b — -12,942 C Total income (sath lines 8a(1), 8a(2), 8a(3), and 8b). 8c — 11,430 D Benefits goald (including direct rollovers and insurance premiums to provide benefits). 8c — 12,942 D Benefits goald (including direct rollovers and insurance premiums to provide benefits). 8d — 28,885 E Certain deemed and/or corrective distributions (see instructions). 8e — 4 Administrative service providers (salaries, fees, commissions). 8f — 3,402 G Other expenses. 8g — 3,402 G Other expenses 8,8 — 8g — 3,402 G Other expenses 8,8 — 8g — 3,402 G Other expenses 8,9 — 32,287 I Net income (loss) (subfract line 8h from line 8b). 8b — 8i — -20,857 J Transfers to (from) the plan (see instructions). 8j — 20,857 J Transfers to (from) the plan (see instructions). 8j — 20,857 D If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2F 2G 2J 3B 3D D 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CPR 2510 3-102? (See instructions and DCL's Voluntary Pictuclary Correction Program). 10a X D Ware there are no nonexempt transactions with any party-in-interest? (Do not include transactions to the party of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by freat or dishonesty?	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal
(3) Others (including rollovers) (3) Other income (loss) (3) Other income (loss) (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (5) C Total income (loss) (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (6) C Aratin deemed and/or corrective distributions (see instructions) (7) Administrative service providers (calismosis) (see instructions) (8) B	a		8a(1)		24,	372			
b Other income (loss)		(2) Participants	8a(2)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers).	8a(3)						
d Benefits paid (including direct relievers and insurance premitums to provide benefits). 8	b	Other income (loss)	8b		-12,	942			
to provide benefits)	Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11,430
f Administrative service providers (salaries, fees, commissions)	d		Bd		28,	885			
g Other expenses	6	Certain deemed and/or corrective distributions (see instructions)	8e						
Net income (loss) (subtract line 8h from line 8c)	f	Administrative service providers (salaries, fees, commissions)							
i Net income (loss) (subtract line 8h from line 8c)	9	Other expenses				′			
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32,287
Part IV Plan Characteristics	ī		1						-20,857
Part IV Plan Characteristics	ī				· · · · · · · · · · · · · · · · · · ·				
Second	Pa	rt IV Plan Characteristics		I					
Figure 1 Figure 1 Figure 1 Figure 2		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:
During the plan year: A 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). 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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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.). The Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes." enter amount as of year-end.)	b		eature cod	les from the List of Pla	n Chara	acteris:	lic Çod	es in the instru	uctions:
During the plan year: A 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). 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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, 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.). The Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes." enter amount as of year-end.)	Pai	t V Compliance Questions					,		
a 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). 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?						Yes	No	,	Amount
described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program). 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?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<u> </u>		itions withi	n the time period					
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		described in 29 CFR 2510.3-102? (See Instructions and DOL's \	√oluntary F	Iductary Correction	10a		х		
C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not relmbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan falled 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	k	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		х		,
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			10c	Х			20,000
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.)	_	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					х		· .
f Has the plan falled to provide any benefit when due under the plan?	•	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							799
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f				10f		Х		
h 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	<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			Х		
I If 10h was answered "Yes," check the box if you either provided the required notice or one of the		I If this is an individual account plan, was there a blackout period?					×		
	ī	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the				,	