## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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** 

Part I A	nnuai Report id	dentification information	1									
For calendar pl	an year 2018 or fisc	al plan year beginning 01/01/2	2019		and ending 06	6/30/20	)19					
A This return/	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
		a one-participant plan		oreign plan	, ,,,	,						
<b>B</b> This return/r	eport is	the first return/report	X the	final return/report								
		an amended return/report	X a sl	hort plan year return	return/report (less than 12 months)							
C Check box i	f filing under:	Form 5558	au	tomatic extension	on DFVC program							
		special extension (enter descri	ription)									
Part II B	asic Plan Inform	mation—enter all requested in	nformatio	n								
1a Name of pl	an	EES' RETIREMENT PLAN					Three-digit plan number					
Diterrorem, in	.D, 1 220 21111 20 11	220 KETIKEMENT FEAT					(PN) •	001				
						1C	Effective date of 01/01	f plan 1/2007				
		er, if for a single-employer plan)	0.5.			2b	Employer Identi	fication Number				
		, apt., suite no. and street, or P.C , country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN) 20-4975700						
DREW STEIN, M	D, PLLC					2c Sponsor's telephone number 212-398-2300						
00 14/507 4 4711	TDEET OUTE 40					2d	Business code (	see instructions)				
NEW YORK, NY	STREET, SUITE 40 <sup>-</sup> 10036	1					6211	11				
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN						
							Administrator's	telephone number				
		plan sponsor or the plan name ha				4b	EIN					
this plan, e <b>a</b> Sponsor's		sor's name, EIN, the plan name a	and the p	plan number from th	e last return/report.	4d PN						
C Plan Name						144						
_		t the beginning of the plan year				5a		4				
		t the end of the plan year count balances as of the end of				5b		0				
						50		0				
	•	cipants at the beginning of the pl	-			5d(		0				
<b>d(2)</b> Total number of active participants at the end of the plan year <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less						5d(	2)	0				
than 1009						. 5e		0				
		incomplete filing of this return										
SB or Schedule		er penalties set forth in the instruct d signed by an enrolled actuary, a ete.										
		alid electronic signature.		08/27/2019	DREW A. STEIN MD							
HERE Si	gnature of plan adı	ministrator		Date	Enter name of individ	of individual signing as plan administrator						
SIGN												
HERE Si	gnature of employe	er/plan sponsor		Date	Enter name of individ	ual sigi	signing as employer or plan sponsor					

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	es No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								es $\square$ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								55   INO
С									etermined
									ructions.)
								_ `	,
Pa -	rt III Financial Information		<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning (		-		(b) En	d of Year	
	Total plan assets								)
<u>b</u>	Total plan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c		71342		0			)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	:	21870					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21870	)
d	Benefits paid (including direct rollovers and insurance premiums		1!	91638					
	to provide benefits)								
f	Administrative service providers (salaries, fees, commissions)	8f		1574					
g									
	ther expenses							19321	2
÷	Net income (loss) (subtract line 8h from line 8c)							-171342	
Ť	Transfers to (from) the plan (see instructions)								_
Pai	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	odes in the in	structions:	
	2A 2E 2F 2G 2J 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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			100		X			
b	Program)  Were there any nonexempt transactions with any party-in-interest			10a		^			
	reported on line 10a.)	•		10b		X			
	Was the plan covered by a fidelity bond?			10c	X			2	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)			10e	X				519
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	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? 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	10i					
	exceptions to providing the notice applied under 25 of 17 2020.10			101					

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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 cor (Form 5500) and line 11a below)			В	. Y	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?				X Yes	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 Traceury Internal Revenue Service

Panalon Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

## 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.

1210-0089

QMB Nos. 1210-0110

2018

This Form is Open to **Public Inspection** 

Part I	Annual Repor	t Identification Informatio	n	مداند م المجاور	06/30/201	<u> </u>			
For calendar	plan year 2018 or	fiscal plan year beginning	01/01/2019	and ending					
▲ This retur	A This return/report is for:    State   Part   Part								
		a one-participant plan	a foreign plan						
B This return	n/report is	the first return/report	the final return/report						
		an amended return/report	🗓 a short plan year returr	nonths)					
C Check bo	ox if filing under:	Form 5558	automatic extension		DFVC program				
. <u></u>		special extension (enter de:			<del> </del>				
Part II	Basic Plan In	formation—enter all requested	information		1b Three-digit				
<b>1a N</b> ameo Drew	f <b>pla</b> n Stein, MD,	PLLC Employees' Reti	irement Plan		plan number	001			
					1c Effective dat 01/01/2				
N. H. a. (12) as an	addenna (includa s	ployer, if for a single-employer plan com, apt., suite no. and street, or t	P.O. BOXI	M-1)	2b Employer Ide (EIN) 20-4	entification Number 975700			
City or t	own, state or prov Stein, MD,	ince, country, and ZIP or foreign p	ostal cade (If foreign, see Instr	ructions)	<b>2c</b> Sponsor's te 212-398				
		reet, Suite 401				de (see instructions)			
New 3	York	NY 10	036		621111	· 1000-			
3a Plan ad	iministrator's name	e and address 🏻 Same as Plan S	ponsor.		3b Administrate	r's EIN			
A states	one and/a Eth o	f the plan sponsor or the plan nam	e has changed since the last i	return/report filed for	4b EIN	autorii autorii			
4 If the n this pla a Sponso c Plan N	an, enter the plan : or's name	sponsor's name, EIN, the plan nam	ne and the plan number from t	the last return/report.	4d PN				
	<u> </u>				5a	4			
		ants at the beginning of the plan yeants at the end of the plan year				C			
¢ Numb	er of participants v	with account balances as of the end	d of the plan year (only defined	d contribution plans	5 <b>c</b>	C			
	•	participants at the beginning of th			5d(1)				
1 7		e participants at the end of the plan			1 6 4763 1				
e Numb	per of participants t	who terminated employment during	g the plan year with accrued b	enefits that were less	5e				
<u> </u>	annale, for the l	ata or incomplete filling of this re	turn/recort will be assessed	i uniess reasonable (	causo is establishe /report_includios ** *	o. Anniicable a Schadula			
SB or Sche	alties of perjury an adule MB complete true, correct and c	ate to the penalties set forth in the in ed and signed by an enrolled actua	structions, I declare that I have try, as well as the electronic ve	ersion of this return/rep	oort, and to the best	of my knowledge and			
SIGN			\$ 27119	DREW A. STEI	N MD	W. L			
HERE	Signature of pl	an administrator	Date	Enter name of indi	e of Individual signing as plan administrator				
SIGN									
HERE	Signature of er	nployer/plan sponsor	Date	Enter name of Indi	vi <u>duel signing as em</u>	ployer or plan sponsor Form \$500-SF (2018)			
		university of the Institute of the Corre	PERA PE			しいいい シネケケ・タモ (マル・ロ)			

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ĥа	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	,,	-41477771			X Yes	∐ No
b		ın indepen	dent qualifiéd bublic ac	conntar	11 (1547	'A)		X Yes	No
	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 cannot	ina conaiti	ons. J				500.	=	
	If you answered "No" to either line 6a or line 6a, the plan carrie If the plan is a defined benefit plan, is it covered under the PBGC in:	ouranaa A	ragram /can ERISA sec	tion 40	21)?	П <b>`</b>	Yes ∏No [	Not dete	rmined
C	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pi	ipgram (see Entisk see James for this bis		- 17. 11	⊔	ا اسل ا	⊒ (See instru	
	If "Yes" is checked, enter the My PAA confirmation number from the	s PBGC pi	emilian ming for the pie	III y ~ W					
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o				(b) End o	f Year	
a	Total plan assets	7a	]	L71,3	42				0
b	Total plan liabilities	7b			_				
C	Net plan assets (subtract line 7b from line 7a)	7c		171,3	42				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
_	Contributions received or receivable from:				- 1				
	(1) Employers	8a(1)			<del></del>	· · · · · · · · · · · · · · · · · · ·			
	(2) Participants	8a(2)			-				
	(3) Others (Including rollovers)	8a(3)		-01 0	70				
b	Other income (loss)	8b		21,8	70				21,870
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21,070
d	Benefits paid (Including direct rollovers and insurance premiums	8d		191,6	38				
	to provide benefits)				$\neg$				
e	Certain deemed and/or corrective distributions (see instructions)	8e 8f		1,5	374				
<u>_f</u>	Administrative service providers (salaries, fees, commissions)					•			,
	Other expenses	8g			-			1.	93,212
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			$\dashv$		Juli		71,342
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>			<del>-  </del>				
	Transfers to (from) the plan (see instructions)	8]			l				
Pa	rt IV Plan Characteristics			- A Clean	n otoric	tin Co	dee in the inct	uctions:	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	i feature co	odes from the List of Pi	an Çnar	actens	suo vo	QES III OIS II ISO	GOGOTIO,	
	If the plan provides welfare benefits, enter the applicable welfare to		des from the List of Plan	n Chara	cterist	ic Cod	es in the instru	ictions:	
D	If the plan provides werrare benefits, errier the approxime words of								
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		\mount	
	Was there a failure to transmit to the plan any participant contribu	utlons with	in the time period		,				
	described in 29 CFR 2510.3-102? (See instructions and DQL's '	Voluntary i	Fiduciary Correction	10a		x			
	Program)		Linglanda teanesetione	IVA			1.00		
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	יטון טטן זוני	i ili didde hansacions	10b	l	X			
	C Was the plan covered by a fidelity bond?			10c	х				20,000
	· · · · · · · · · · · · · · · · · · ·			100	<u> </u>				
	Did the plan have a loss, whether or not reimbursed by the plant by fraud or dishonesty?	\$ 1100 III V	ond, that was caused	10d		Х			
_	<ul> <li>Were any fees or commissions paid to any brokers, agents, or or</li> </ul>	ther perso	ns by an insurance	[					
	<ul> <li>carrier, insurance service, or other organization that provides so</li> </ul>	me or all o	if the benefits under	10e	X				51:
	the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan.			<del></del>		х			-
				10f	<del> </del>	X	"		
	g Did the plan have any participant loans? (If "Yes," enter amount			10g		<del>  ^</del>			
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		Х			
	i If 10h was answered "Yes," check the box if you either provided	the require	ed notice or one of the	ŀ					
	exceptions to providing the notice applied under 29 CFR 2520.1	01 <b>-</b> 3		101	<u> </u>				

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