Form 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	Internal Revenue ServiceThis form is required to be filed under sections 104 and 4065 of the EmployeeDepartment of LaborIncome Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the							
Department of Labor Employee Benefits Security Administration								
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Identification Information							
For calendar plan year 2018 or f	scal plan year beginning 01/01/2			/31/2019				
A This return/report is for:	X a single-employer plan ☐ a one-participant plan		· · · · · ·		king this box must attach a ith the form instructions.)			
B This return/report is								
	an amended return/report	X a short plan year retur	n/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension	[DFVC p	rogram			
	special extension (enter descr	ription)						
Part II Basic Plan Info	prmation—enter all requested inf	formation						
1a Name of plan				1b Three	5			
DREW STEIN, MD, PLLC RETIRE	EMENT TRUST			plan (PN)	number 002			
			-	()	tive date of plan			
22 Plan anonan'a nama (ample	aver if for a single employer plan)			01/01/2007				
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 20-4975700				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DREW STEIN, MD, PLLC				2c Sponsor's telephone number 212-398-2300				
			-	2d Business code (see instructions)				
36 WEST 44TH STREET, SUITE 401 NEW YORK, NY 10036				621111				
3a Plan administrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
			_					
				3C Admi	nistrator's telephone number			
	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
a Sponsor's name				4d PN				
C Plan Name								
5a Total number of participants	at the beginning of the plan year			5a	5			
	at the end of the plan year			5b	0			
· · ·	account balances as of the end of			5c				
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	5			
d(2) Total number of active pa		5d(2)	0					
than 100% vested	terminated employment during the	• •		5e	0			
	or incomplete filing of this return							
	ther penalties set forth in the instruct nd signed by an enrolled actuary, a plete.							
	l/valid electronic signature.	08/27/2019	DREW A. STEIN					
HERE Signature of plan a	administrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN								
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	as employer or plan sponsor				

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

Form 5500-SF (2018) v.171027

	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								
c	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See in								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
	Total plan assets	7a		67996					
	Total plan liabilities	70 7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	15	67996			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ht			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	(4) / 200 40				(1) 1011		
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1	81408					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					181408		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	nefits paid (including direct rollovers and insurance premiums							
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)	8f		5053					
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1749404		
i	Net income (loss) (subtract line 8h from line 8c)	8i	_				-1567996		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Chai	acteris	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		
	Was there a failure to transmit to the plan any participant contribudescribed 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		Х			
С	Was the plan covered by a fidelity bond?			10c	X		156800		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х			
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.)					х			
f						Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	he require	d notice or one of the	10i					

Page **3-** 1

Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🔉	K 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 se SA?			of 			Y	es 🔉	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	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						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/Α
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)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

	Chart Eorm Anni	ual Return/Report o	f Small Employ	yee	OMB Nos. 1210-0110 1210-0089	
Form 5500-SF		Renetit Plati			2018	
Department of the Treasury Internal Revenue Service Department of Lebor mployee Banefits Socurity Administration	5 of the Employee Reti b) and 6058(a) of the in	Public Inspection				
Ponsion Bonefit Guaranty Corporation	Complete all entries in	accordance with the instruc	tions to the Form 550	0-SF.		
Annual Repor	t Identification Informatio	n	and ending	07/31	2019	
This return/report is for:	fiscal plan year beginning X a single-employer plan a one-participant plan	01/01/2019 a multiple-employer plan list of participating emp a foreign plan	()#employ(ar) (E	ilers checkind	this box must attach a	
This return/report is	the first return/report	X the final return/report				
	an amended return/report	∑ a short plan year return/	report (less than 12 mo	mths)		
Check box if filing under:	□ □ Form 5558	automatic extension	[DFVC prog	gram	
	Special extension (enter de	scription)				
Part II Basic Plan In	formation_enter all requested		<u>. </u>	41		
a Name of plan				1b Three- plan nu	Imber	
Drew Stein, Md,	PLLC Retirement Tru:	st ginal		<u>(</u> PN) 1		
					/e date of plan 1/2007	
	ployer, if for a single-employer pla			2b Employ	ver Identification Number	
Drew Stein, MD,	room, apt., suite no. and street, or /ince, country, and ZIP or foreign p PLLC	oostal code (if foreign, see instr	uctions)		or's telephone number 398-2300	
				2d Busine	ss code (see instructions	
36 West 44th St	rect, Suite 401					
New York		0036		6211	11 istrator's EIN	
3a Plan administrator's nam	e and address $\overline{\mathrm{X}}$ Same as Plan S	abar mar.		3c Admir	istrator's telephone numb	
4 If the name and/or FIN (if the plan sponsor of the plan nam	ne has changed since the last r	eturn/report filed for	4b EIN		
 If the name and/or EIN c this plan, enter the plan a Sponsor's name c Plan Name 	of the plan sponsor or the plan nam sponsor's name, EIN, the plan na	ne has changed since the last r me and the plan number from t	eturn/report filed for he last return/report.	4b EIN 4d PN		
this plan, enter the plan a Sponsor's name c Plan Name	sponsor's name, EIN, the plan ha			4d PN		
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip	aponsor's name, EIN, the plan ha	ear		4d PN		
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip	eponsor's name, EIN, the plan has pants at the beginning of the plan y pants at the end of the plan year	ear	d contribution plans	4d PN 5a 5b 5c		
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item)	sponsor's name, EIN, the plan has pants at the beginning of the plan y pants at the end of the plan year with account balances as of the en	ear nd of the plan year (only defined	d contribution plans	4d PN 5a 5b 5c		
 this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of active 	sponsor's name, EIN, the plan has pants at the beginning of the plan y pants at the end of the plan year with account belances as of the en ye participants at the beginning of t	rear Ind of the plan year (only defined the plan year	d contribution plans	4d PN 5a 5b 5c 5d(1)		
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ	sponsor's name, EIN, the plan has bants at the beginning of the plan y pants at the end of the plan year with account balances as of the en re participants at the beginning of t	ear d of the plan year (only defined the plan year	d contribution plans	4d PN 5a 5b 5c 5d(1) 5d(2)		
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants	sponsor's name, EIN, the plan has bants at the beginning of the plan y bants at the end of the plan year with account belances as of the en ve participants at the beginning of t ye participants at the end of the pla who terminated employment durin	rear nd of the plan year (only defined the plan year an year ng the plan year with accrued b	d contribution plans	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		
 this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complete 	sponsor's name, EIN, the plan has bants at the beginning of the plan y wants at the end of the plan year with account belances as of the en- ve participants at the beginning of the who terminated employment durin late or incomplete filing of this i nd other penalties set forth in the li- ted and signed by an enrolled actu	ear Id of the plan year (only defined the plan year an year ng the plan year with accrued b return/report will be assesse	enefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta	olished. ng, if applicable, a Sched a best of my knowledge ar	
 this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of active d(2) Total number of active d(2) Total number of active e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complete belief, it is true, correctioned 	sponsor's name, EIN, the plan has bants at the beginning of the plan y wants at the end of the plan year with account belances as of the en- ve participants at the beginning of the who terminated employment durin late or incomplete filing of this i nd other penalties set forth in the li- ted and signed by an enrolled actu	ear Id of the plan year (only defined the plan year an year ang the plan year with accrued to return/report will be assessed instructions, I declare that I hav yary, as well as the electronic vo	enefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includi ort, and to the	olished. ng, if applicable, a Sched a best of my knowledge ar	
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complet belief, it is true, correct and SIGN	sponsor's name, EIN, the plan has bants at the beginning of the plan y wants at the end of the plan year with account belances as of the en- ve participants at the beginning of the who terminated employment durin late or incomplete filing of this i and other penalties set forth in the in ted and signed by an enrolled actu- complete.	ear Ind of the plan year (only defined the plan year an year ang the plan year with accrued b return/report will be assessed nstructions, I declare that I hav pary, as well as the electronic v	enefits that were less unless reasonable c e examined this return/ ersion of this return/rep Drew A. Stei	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includi ort, and to the	best of my knowledge ar	
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complet belief, it is true, correct and SIGN HERE Signature of p	sponsor's name, EIN, the plan has bants at the beginning of the plan y wants at the end of the plan year with account belances as of the en- ve participants at the beginning of the who terminated employment durin late or incomplete filing of this i nd other penalties set forth in the li- ted and signed by an enrolled actu	ear Id of the plan year (only defined the plan year an year ang the plan year with accrued to return/report will be assessed instructions, I declare that I hav yary, as well as the electronic vo	enefits that were less unless reasonable c e examined this return/ ersion of this return/rep Drew A. Stei	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includi ort, and to the	plished. ng, if applicable, a Sched a best of my knowledge ar as plan administrator	
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complet belief, it is true, correct and SiGN HERE Signature of p	sponsor's name, EIN, the plan has bants at the beginning of the plan y wants at the end of the plan year with account belances as of the en- ve participants at the beginning of the who terminated employment durin late or incomplete filing of this i and other penalties set forth in the in ted and signed by an enrolled actu- complete.	ear Ind of the plan year (only defined the plan year an year ang the plan year with accrued b return/report will be assessed nstructions, I declare that I hav pary, as well as the electronic v	d contribution plans enefits that were less d unless reasonable of e examined this return/ ersion of this return/rep Drew A. Stei Enter name of indiv	4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is esta report, includ ort, and to the n	best of my knowledge ar	

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	Form 5500-SF (2018) Page 2	4
		X Yes No
b	Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a walver 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.)	🛛 Yes 🗍 No
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and container)	Not determined
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see Linear filling for this plan year	(See instructions.)

	t III Financial Information	<u> </u>	(a) Beginning of Year	(b) End of Year
_7	Plan Assets and Liabilities	7a	1,567,996	0
<u>a</u>	Total plan assets		0	0
b	Total plan liabilities		1,567,996	0
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	<u>7c</u>	(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year			
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)	101 409	
b	Other income (loss)	8b	181,408	181,408
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>		101,100
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8 <u>d</u>	1,744,351	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
	Administrative service providers (salaries, fees, commissions)	8f	5,053	
	Other expenses	I n_ 1		749 404
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)			1,749,404
:: i	Net income (loss) (subtract line 8h from line 8c)			-1,507,990
i	Transfers to (from) the plan (see instructions)	8		

Part IV Plan Characteristics

Par	t IV Plan Characteristic	CS	des in the instructions:
9a	If the plan provides pension ber	unefits, enter the applicable pension feature codes from the List of Plan Characteristic Co	
	4.2.2.2.2.		

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

Bart V Compliance Questions

ran			Yes	No	Amount
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 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
	Was the plan covered by a fidelity bond?		X.		156,800
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>10d</u>		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.)			x	
f	Has the plan failed to provide any benefit when due under the plan?			X	
g	Did the plan have any participant loans? (If "Yes." enter amount as of year-end.)	<u>10q</u>	<u> </u>	X	
— h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h		x	
ī	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				