Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2017

This Form is Open to Public Inspection

Part I An	nuai Report i	dentification information						
For calendar plar	n year 2017 or fisc	cal plan year beginning 01/01/2	2017		and ending 12	2/31/2	017	
A This return/re	This return/report is for: 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	af	foreign plan				
B This return/rep	oort is	the first return/report	the	final return/report				
an amended return/report a short plan year return/report (less than 12 mont					onths))		
C Check box if f	filing under:	X Form 5558	au	tomatic extension		DF	VC program	
		special extension (enter descr	ription)					
Part II Bas	sic Plan Infor	mation—enter all requested inf	formatio	on				
1a Name of plan AVIJIT MUKERJI,		/ PURCHASE PLAN				1b	Three-digit plan number (PN)	002
						1c	Effective date o	f plan 1/1995
		er, if for a single-employer plan) , apt., suite no. and street, or P.C). Box)			2b	Employer Identi (EIN) 22-3	
	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) VIJIT MUKERJI, MD, LLC (EIN) 22-3297008 2c Sponsor's telephone number 718-720-8020							
405 0011 505 417	_					2d	Business code ((see instructions)
	95 COLLEGE AVE. STATEN ISLAND, NY 10314 621111				11			
						01		
3a Plan adminis	strator's name and	d address 🛚 Same as Plan Spor	nsor.			3D	Administrator's	EIN
						3с	Administrator's	telephone number
	4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.							
this plan, en		sor's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d	PN	
C Plan Name	C Plan Name							
5a Total number	ar of participants a	at the beginning of the plan year				5	a	2
_		at the end of the plan year				5		2
C Number of p	articipants with a	ccount balances as of the end of	the plar	n year (only defined	contribution plans	5	С	2
complete this item)			5d((1)	1			
d(2) Total number of active participants at the end of the plan year				5d((2)	1		
than 100%	vested	erminated employment during the				5		0
		r incomplete filing of this returr						
SB or Schedule N		er penalties set forth in the instruct d signed by an enrolled actuary, a ete.						
0.0	with authorized/v	ralid electronic signature.		07/16/2018	AVIJIT MUKERJI, MD	1		
HERE Sign	nature of plan ad	ministrator		Date	Enter name of individ	ual sig	ning as plan adı	ministrator
SIGN								
HERE Sign	nature of employ	er/plan sponsor		Date	Enter name of individe	ual sig	ning as employe	er or plan sponsor

Form 5500-SF 2017 Page **2**

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 550 C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	es No Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [es No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets (as time to the plan time to provide benefits). C Net plan assets (subtract line 7b from line 7a) 7c 121564 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e 0	
7 Plan Assets and Liabilities 7a 121564 b Total plan liabilities 7b from line 7a) 7c 121564 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (a) Amount (b) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (b) Other income (loss) 8b 12633 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 6 (a) Beginning of Year (a) Beginning of Year (121564) 7a 121564 7b 0 0 (2) Amount (a) Amount (a) Amount (b) Amount (a) Amount (b) Amount (b) Amount (c) Am	,
7 Plan Assets and Liabilities 7a 121564 b Total plan liabilities 7b from line 7a) 7c 121564 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (a) Amount (b) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (b) Other income (loss) 8b 12633 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 6 (a) Beginning of Year (a) Beginning of Year (121564) 7a 121564 7b 0 0 (2) Amount (a) Amount (a) Amount (b) Amount (a) Amount (b) Amount (b) Amount (c) Am	
a Total plan assets	(b) End of Voor
b Total plan liabilities	(b) End of Year 134197
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	134197
a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 12633 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0	(b) Total
(2) Participants	(b) Total
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits)	12633
e Certain deemed and/or corrective distributions (see instructions) 8e	
Contain about the contains and the conta	
Administrative service providers (salanes, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	0
i Net income (loss) (subtract line 8h from line 8c)	12633
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes	s in the instructions:
 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in 	in the instructions:
and plant provided training street, and appropriate training street, and all and all all and all all and all all all all all all all all all al	
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
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?	
d 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.)	
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.) 10g X	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

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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 Sche (Form 5500) and line 11a below)		В		Yes 🗌 1	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 section ERISA?			🛛	Yes [] I	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 instructions, and granting the waiver	enter tl _ Day		of the lette Year _	er ruling	_
lf :	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				0
С	Enter the amount contributed by the employer to the plan for this plan year	12c				0
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				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	X N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X N	10	
	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 the control of the PBGC?			Yes ×	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	B) PN(s)	

Filing Authorization for the 2017 Form 5500-SF

I hereby authorize Bury & Associates, Inc. to electronically sign and file the above-

22-3297008 / 002

12/31/2017

named return/reports through EFAST2

Name of Plan

EIN / PN:

PYE

PART I

Avijit Mukerji, MD LLC Money Purchase Plan

Authorization of Practitioner to Electronically Sign and File

	I understand that in granting this authority that:
	I'we must manually sign the 5500-SF Forms and provide a scanned copy of that
	removement to Bury & Associates, Inc.
	 Bury & Associates, Inc. will retain a copy of this written authorization in its
	records.
	Bury & Associates, Inc. will notify the individual signing below as plan
	administrator/employer about any inquiries and information it receives from
	EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
	Department of Labor on the Internet for public disclosure
	or a company of the contract of the description of the contract of the contrac
	 Bury & Associates, Inc. shall not be decrete an administration of the services performed under this with respect to any Plan solely on account of the services performed under this
	authorization.
	This authorization is applicable only to the filing for the above-named Plan and applies
	only for Blanca and stated shows
,	Augusta Tue 18
	Plan Administrator: Date: 7 14 18
	Employer/Plan Sponsor (if not the Plan Administrator):
	Date
	LPGH)
	PART II Acknowledgment of Receipt of Authorization
	On behalf of Bury & Associates, Inc., I hereby certify that the firm will use the authority
	granted only for the express purposes described above, that the firm will not disclose
	confidential information to any parties other than the DOL, as required for EFAST filing.
	and that the firm will take reasonable steps to assure that confidential information
	provided by the Plan Administrator or Plan Sponsor is protected from unauthorized
	disclosure.
	Date 1/16/1
	For Bury & Associates, Inc.: Dwie: 2/16/12
	The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so...

Form 5500-SF

Department of the Theseury Internal Review Barrier

Contract of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4055 of the Employee Referencest income Security Act of 1974 (ERSA), and sections 6057(t) and 5055(a) of the Internal Research Code (the Code).

2017 This Form is Open to

DMB Nos. 1210-0/19 1210-0089

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/IJIT MUKERJI, MD.	LLC MONEY PURCHASE ?	PLAN		(MA) P			
					ne date of plan 71995		
2a Plan sponsor's name (am	ployer, if for a single-employer plan	1		20 Eropio	yer Identification Number		
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Uny or nown mame or pro- NVIJIT MUSEBJI, MI), LLC	and areas in a sign	,	26 Spensor's telephone number 718 - 720 - 8020			
95 COLLEGE AVE.				2d Busine 62111	es code (see instructions) 1		
STATEN ISLAND	NY 10314						
3a ifran oensinistrator's nany	e and address 🖫 barne 🦝 Plan Ap	HOPPING F		ab namm	istrator's EIN		
				30 Asmin	istrator's talephone number		
4 If the name and/or EN/or	fitte plan eponeor or the plan marke	has deargod sires to	to test returning out filed for	4b en			
this plan, enter the plan a Sponsor's fame c Plan Name	aponsor's name. E.N. the plan name	s and the pair number	CONTROL OF THE PROPERTY OF THE PARTY.	4d PN			
				6a			
	eres at the beginning of the plan year	M propagation and a	LANGUE DE RESENTATION DE LA COMPTENZA	5b			
g Number of participants in	ands at the end of the plan year with account balances as of the end	of the plan year (priy	defined contribution plans	6c			
distribution of the same of th	and the second second second second second second	miam water		5d(1)			
	participants at the beginning of the		and the common decision is not a secure of the second section of the second sec	6d(2)			
dig2) Treat number of active	e participants at the end of the plan- who terminated employment during	year Was miles sever salith sets	enuel hamality that were loss	and the second second			
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belief, it is took account which	drawers.		14	NAME AND ADDRESS OF THE OWNER, WHEN			
SIGN # 100 ME	12 Mb	7 16	Avijit Muker;	i, MD			
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SIGN HAWILE	(S) MD	716	16 Avijit Muker	ji, MD			
Description (Specific Aller)	apinyeripton oponeor	Date	Emai memi efektiv	dual signing a	is employed of plan sponso		