#### 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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entires in ac	cordance with the instru	ctions to the Form 5500	0-SF.			
Part I	Annual Report le	dentification Information						
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan	
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter descr	· · ·					
Part II		mation—enter all requested info	ormation				ı	
1a Name					1b	Three-digit		
VIJAY K CI	HABRA, PC DEFINED I	3ENEFIT PLAN				plan number (PN) ▶	004	
					10	Effective date o		
						01/01		
	sponsor's name and add	ress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 13-32	fication Number	
24 20 020	O CTREET				2c	Sponsor's telep		
34-29 83RI JACKSON	HEIGHTS, NY 11372				2d		(see instructions)	
<b>3a</b> Plan	administrator's name and	d address X Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's		
		ь ,	Ц	·	20	A dunicintunta da d	4-1	
					30	Administrators	telephone number	
		plan sponsor has changed since t	the last return/report filed t	for this plan enter the	4b	EIN		
name, EIN, and the plan number from the last return/report.								
	e, Env, and the plan hum sor's name	ber from the last return/report.		or the plan, enter the	4c			
<b>a</b> Spon	sor's name	ber from the last return/report.					7	
<b>a</b> Spon	sor's name number of participants a				4c		7	
<ul><li>a Spon</li><li>5a Total</li><li>b Total</li><li>c Num</li></ul>	sor's name number of participants a number of participants a ber of participants with a	at the beginning of the plan year	the plan year (defined ben	efit plans do not	4c 5a			
<ul><li>a Spon</li><li>5a Total</li><li>b Total</li><li>c Num com</li></ul>	sor's name number of participants a number of participants a ber of participants with a olete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined ben	efit plans do not	4c 5a 5b 5c	PN		
<ul><li>a Spon</li><li>5a Total</li><li>b Total</li><li>c Num com</li><li>6a Wer</li><li>b Are y</li></ul>	sor's name number of participants a number of participants a ber of participants with a blete this item) e all of the plan's assets you claiming a waiver of t	at the beginning of the plan year at the end of the plan year ccount balances as of the end of t during the plan year invested in el the annual examination and report	the plan year (defined ben ligible assets? (See instru t of an independent qualifi	efit plans do not ctions.)	4c 5a 5b 5c	PN	7 X Yes No	
<ul> <li>a Spon</li> <li>5a Total</li> <li>b Total</li> <li>c Num com</li> <li>6a Wer</li> <li>b Are younder</li> </ul>	number of participants and number of participants and number of participants and ber of participants with an olete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of t during the plan year invested in el the annual examination and report (See instructions on waiver eligibi	the plan year (defined ben ligible assets? (See instru t of an independent qualifi ility and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	7	
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a Spon  5a Total  b Total  c Num com  6a Wer  b Are y unde If yo  c If the  Caution: Under per SB or Scr belief, it is	number of participants at number of participants at number of participants at the participants with an olete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in elethe annual examination and report (See instructions on waiver eligibine line 6a or line 6b, the plan complete filing of this returner penalties set forth in the instructions on the plan in the instructions of the plan complete filing of this returner penalties set forth in the instructions of the plan year  The plan year	the plan year (defined ben ligible assets? (See instruct of an independent qualifility and conditions.)annot use Form 5500-SF (C insurance program (see the control of	efit plans do not ctions.)ed public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA) Form use is export, in	PN  5500.  Yes X No  established.  cluding, if applic	Yes No Yes No Not determined	
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a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Sch belief, it is SIGN HERE	sor's name I number of participants at number of participants at number of participants with an olete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in electronic son waiver eligibiting the line 6a or line 6b, the plan couplan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete.	the plan year (defined ben ligible assets? (See instruct of an independent qualifility and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/reports VIJAY CHHABRA Enter name of individu	4c 5a 5b 5c	5500. Yes X No established. Cluding, if applic to the best of my	Yes No Yes No Not determined  Sable, a Schedule knowledge and  ministrator  er or plan sponsor	

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Deginning of Vec				(h) End of Voca		
_ <u>'</u> _a		7a	(a) Beginning of Yea		+		(b) End of Year 1781880		
<u>a</u>	Total plan assets  Total plan liabilities	7a 7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	70 7c	154049			1781880			
8	, ,	76		-					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	1920	0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	22218	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					241386		
d	Benefits paid (including direct rollovers and insurance premiums			_					
	to provide benefits)	8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					241386		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b									
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
					X		40000		
	Did the plan have a loss, whether or not reimbursed by the plan's			10c			40000		
	or dishonesty?	-	•	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all instructions.)			10e		X			
f				10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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	ne require	d notice or one of the	1011					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
_ a _	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo								
h	Enter the minimum required contribution for this plan year					12b			

Page	3	- [	1
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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 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?	. 🔲 Y	es X 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 under the of the PBGC?	control		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	<b>14b</b> Tr	ust's EIN					

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

					File as	an attachn	nent to Form	5500 or 5	5500-9	SF.					
For	calendar	plan year 2013	or fiscal plan y	ear beg	inning (	01/01/2013				and end	ing 12/3	31/201	13		
•	Round of	ff amounts to r	nearest dollar.												
<b>•</b>	Caution:	A penalty of \$1	,000 will be ass	sessed f	or late filing o	of this repor	rt unless reas	onable ca	use is	establish	ned.				
	lame of p								В	Three-di	git			004	
VIJA	AY K CHE	HABRA, PC DE	FINED BENEF	T PLAN						plan nun	nber (PN)		•	004	
	Na	sor's name as s	٥ ممثل مم مستمل	<del></del>	5500 55	-00 CF			<b>D</b>		.   .	4: N		/EINI)	
		sor's name as s HABRA, PHYSI		a or Fori	m 5500 or 55	000-SF			D	⊑mpioyer	Identifica		lumber	(EIIN)	
V 107	VI IV. OI II	HADIVA, I III OI	OIAIV I O								13-322	1100			
	ima of nla	n. V Cinalo	Multiple-A	П м	tinla D	E	Prior year pla		100	or forcer	☐ 101-5	00 [	7 Mara	than 500	
		n: X Single		IVIUII	tiple-B		Prior year pi	an size. 🔨	100	or iewer	101-5	00	wore	inan 500	
Pa	rt I	Basic Inforn													
1		e valuation date	e:	Month _	01	Day01_	Year _	2013							
2	Assets:														
	<b>a</b> Marke	et value													1540494
	<b>b</b> Actua	rial value									2b				1540494
3	Funding	target/participa	ant count break	down:				<b>(1)</b> N	umbei	r of partic	ipants		(2)	Funding Ta	arget
	<b>a</b> For re	etired participan	ts and beneficia	aries rec	eiving payme	ent	3a				0				C
	<b>b</b> For te	erminated veste	d participants				3b				2				4423
	<b>C</b> For a	ctive participant	s:				_								
	(1)	Non-vested b	enefits				3c(1)								C
	(2)	Vested benef	fits				3c(2)						1639128		
	(3)	Total active					3c(3)				5				1639128
	<b>d</b> Total										7				1643551
4	If the pla	an is in at-risk s	tatus, check the	e box an	nd complete l	ines (a) and	d (b)(d) b		П						
		ng target disrec				. ,	` '		ш		4a				
		ing target reflec			•										
		risk status for fe									4b				
5	Effective	e interest rate									5				6.28 %
6	Target r	normal cost									6				0
Stat	ement by	/ Enrolled Actu	ıary												
		of my knowledge, the with applicable law ar													
		offer my best estima				ipiioii is reason	lable (taking into e	occount the ex	хрепене	be of the plan	Tana reason	abic ca	occiations,	and such othe	i assumptions, in
S	IGN														
	ERE												05/13/2	2014	
			Signa	ture of a	actuary				_				Date		
DON	MENIC P.	D'ALISE	- 3 -		,								14-02	207	
			Type or pr	int name	e of actuary				_		Most r	ecent		ent numbe	r
8CH	\\\\EIT7EI			iiit iidiii	o or actuary						WOOLI	COCIN			•
JUI	VVLIIZEI	R & COMPANY		irm no-	20				_		olophon -	numb		69-2200	codo)
160	HOWELL	S RD.	ŀ	irm nan	IE					'	elebuone	numb	ei (incli	uding area	code)
SUI	TE 4	, NY 11706													
DA I	SHORE	, 111 11/00													
			Add	ress of t	he firm				_						
If the	actuary h	nas not fully refl	ected any requi	ation or	ruling promi	ulgated und	er the statute	in comple	etina th	nis sched	ule, check	the h	ox and	see	П
	ictions		any 10ga		g prome			Jonnpio	y (1	551164	, 511001		and		

Schedule SB (Form 5500) 2013

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
							(a) (	Carryover balance		(b) F	Prefund	ing balance
7		•	. ,		cable adjustments (line 13 f	•			0			0
8				-	unding requirement (line 35				0			0
9									0			0
10	Interest on line 9 using prior year's actual return of%											
11	1 Prior year's excess contributions to be added to prefunding balance:											
	<b>a</b> Pres	ent value	of excess contrib	utions (line	38a from prior year)							0
					interest rate of5.22 %							0
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						0
	<b>d</b> Porti	ion of (c)	to be added to pre	efunding ba	alance							
12	Other r	eductions	s in balances due	to election	s or deemed elections							
13	Balanc	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	!)			0			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	93.72 %
			g target attainmen								15	93.72 %
16					of determining whether car						16	76.57 %
17	If the c	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan y	rear by employer(s) and emp	ployees:						
(N	<b>(a)</b> Da <sup>a</sup> 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	<b>(b)</b> Amount pa employer(s		(0		ınt paid by loyees
12	2/09/2013	3		19200	0							
											П	
						Totals ▶	18(b)		19200	18(c)		0
19			•		tructions for small plan with			, , ,				
	_				nimum required contributions		-	F	19a			0
	<b>b</b> Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b			0
					uired contribution for current y	year adjusted	d to valuation	n date	19c			18139
20		-	outions and liquidit	-							-	<b>7</b> 🖂
		•	•		the prior year?						<u> </u>	Yes X No
			•		y installments for the curren	•	•	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a							
		(1) 1s	st .		Liquidity shortfall as of e (2) 2nd	end of quarte	er of this pla (3)	n year 3rd			(4) 4t	<u> </u>
		(1) 10			(=) LIIO		(0)				\.', <del>-</del> 1	•
									_1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	nt rate:									
	<b>a</b> Segi	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, full yield curve used				
	<b>b</b> Appl	icable month (	enter code)			21b				0	
22	Weight	ed average ret	irement age			22				65	
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items								
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired			
		-							Yes	X No	
25	Has a r	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No	
27		•	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid			years		28				0	
29			•	I unpaid minimum required contrib		29					
	(line 19	9a)				1				0	
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost a	nd excess assets (see instruct	ions):		,					
	<b>a</b> Targe	et normal cost	(line 6)			31a				0	
	<b>b</b> Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b	0				
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Installment				
	a Net s	shortfall amortiz	zation installment			103057				18139	
	<b>b</b> Waiv	er amortization	n installment			0				0	
33				ter the date of the ruling letter gran) and the waived amount		33					
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				18139	
-				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35			use to offset funding	C		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				18139	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				18139	
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1					
						38a				0	
				orefunding and funding standard c		38b				0	
39				ear (excess, if any, of line 36 over		39				0	
40		-		)	•	40				0	
Pa	rt IX			Pension Relief Act of 2010		)					
			de to use PRA 2010 funding re			•					
	<b>a</b> Sche	dule elected				П	2 plus 7 year	rs	15 y	years	
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made		2008	3 2009	2010		2011	
42			•			42		<u> </u>	<u> </u>		
				d over to future plan years		43					

#### Attachment to 2013 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Vijay K Ch	habra, PC Defined Benefit Plan	: 13-3221100
Plan Sponsor's Name	Vijay K. Chhabra, Physician PC PN	004
The weighted average reti	irement age is equal to the normal retirement age of $\frac{65}{}$ .	
	at each age and describe the methodology used to compute the wei a description of the weight applied at each potential retirement age. ts' $NRA=65$ .	ghted average

#### Attachment to 2013 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameVijay K Chhabra, PC Defined Benefit PlanEIN:13-3221100Plan Sponsor's NameVijay K. Chhabra, Physician PCPN:004

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL	103,057	01/01/2013	7	18,139
				·
			1	
	+		+	
			+	
			1	
	+		+	
	+		+	
			+	
			1	
			<u> </u>	
			<del>                                     </del>	
	+		+	

#### SCHEDULE SB (Form 5500)

Deportment of the Treasony Internal Movemus Berylco

Separiment of Lyke) Employee Benefits Sociality Adeletiskships

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Ratherment income Security Act of 1974 (ERISA) and section 6059 of the internal Revenue Code (the Code).

This Parse is Open to Public

Schedule 25 (Form

180118

GMB No. 1210-0110

2013

Pension Bekarál Guarente Como sition ▶ Pile as an adaphment to Form \$100 or 5560-81. 12/31/2013 and ending 01/01/2013 For calendar plan year 2013 or fiscal plan year beginning Round off amounts to nearest deliar. Caution: A panelty of \$5,000 will be assessed for late filing of this report unless retwomable cause is established. A Name of plant plan number (PN) Vijay K Chhabra, PC Defined Benefit Plan D Englayer Idontification Number (EIN) C Plan sponsor's name as shown on line 2a of Form 1800 or 65%-SF 13-3221100 Vilay K. Chhabra, Physician PC More than 500 101-600 Prior vezrolan size: N 400 or fewer Multiple A Religion E Type of pian; Kij Single : Basic Information 2013Year Day Montis Enter the valuation date: Assets: 340, 494 2a B. Markel years 840, 494 \$ Actuaring vehice...... (2) Funding Torget: (1) Number of pasiciparts Purchy ingotperticipant count brankdown: a. For religed participants and beneficiaries receiving payment........... 3a Sb Ç For active perticipants: 30(4) (1) Non-vested benefits ........... 1,639, 128 Vested beautits: 1 639 128 3c(3) Total active 34 40 a Funding target disregarding preparation of risk answerptions .......... b Funding tergal reflecting at rick assumptions, but disrepanting transition risk for plans that have been in 4b all-risk status for fewer than five consucutive years and disnegariting loading factor...... ļ, 6:28 % 6 Target dorred cost Statement by Enrolled Actually To the best of my tensoleting, the information existing is a second of the plan out (the second of the plan out (second of the plan out (second out) and must be second out (second out) the plan out) the plan out (second out) the plan out (second out) the plan out) the plan out) the plan out (second out) the plan out) the plan out (second out) the plan out) the plan out (second out) the plan out) the plan out) t 05/13/2014 Date. Signature of actuary 14-02297 Domenic P. D'Alisa Most recent annotation treates Type or print name of actuary [631] 969-220b Schweitzer & Company, ELC Telephone number (including bind Firm name 160 Howells Rd. Suite 4 NY 11706 Bay Shore Address of the ibni if the actuary has not fully reflected any regulation or ruling promutgated under the statute in comploting this schedule, check the box and see

For Paperwork Reduction Ant Medica and OMB Control Numbers, see the Instructions for Form 5580 or 6600-5F.

## **SCHEDULE SB** (Form 5590)

Department of the Treasury Integral Revenue Service

Department of Labor Employee Deposits Security Administration

## Single-Employer Defined Benefit Plan **Actuarial information**

This echedule is required to be filed under section 104 of the Employee Refirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

QMB No. 1218-0110

2013

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2013

Persion Benefit Guaranty Corporation  File as an attachment	ent to Form	5500 or 6500	)-8F.		
	1/2013		and ending	1	2/31/2013
► Round off amounts to nearest dollar.					
<ul> <li>Caution: A penalty of \$1,000 will be assessed for late filing of this report to</li> </ul>	inless reasc	mable cause is	established.		<del>. ,</del>
A Name of plan		В	Three-digit		
		(30,000,000	plan number	(PN) ►	004
Vijay K Chhabra, PC Defined Benefit Plan					
		<b>D</b>	Employer ide	ntification Numb	er (FIN)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			Employer too	rapidation (100)	(-M)
Vijay K. Chhabra, Physician PC		1	3-322110	0 _	
	Orionnaer rile	n size: 🗓 100	ar fewer D	101-500 N	ore than 500
E Type of plan: ⊠ Sangte ☐ Mouttiple-A ☐ Moutliple-B	nor year peo	11 acc. gq 100	- 101101	10744- []	
Part lo Basic Information		2013			
1 Enfer the valuation date: Month 1 Day 1	Year_	2013		1399000000	voja v samo postolijem.
2 Assets:			1	390007503	1 540 40
a Market value			·····	2a	1,540,494
b Actuarial value				2b	1,540,494
3 Funding target/participant count breakdown:		(\$) Numbe	er of participar		(2) Funding Target
a For retired participants and beneficiaries receiving payment	. 3a		· .	0	4 423
b For terminated vested participants	3b	ervasieskomojosi	SIMURALINA DA CITA	Z 	4,42
C For active participants:	- 41)		r_ore Newert		
(1) Non-vested benefits	3c(1)				1 620 120
(2) Vested benefite:	3c(2)		<u> </u>		1,639,128
(3) Total active	3c(3)			5	1,639,128
d Total	3d	l		7	1,643,55
4 If the plan is in at-risk status, check the box and complete lines (a) and	(p)	-311			
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transiti	ion rule for p	dans that have	been in	4b	.5
af-rick status for fewer than five consecutive years and disregarding				5	6,28 %
5 Effective interest rate			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	V+20 N
6 Target normal cost	• • • • • • • • • • • • • • • • • • • •			0 .	
Statement by Enrolled Actuary  To the best of my broudering big information supplied to this selectule and accompanying schools.	 Ans. statemorile	and attachments. I	f env. is complete:	and accurate. Each p	voscribed assumption was applied in
To the best of my transledge, the information supplied in this schedule and accompanying school- accordance with applicable law end regulations. In my opinion, excluding despringtion is reasonal combination, after my bost assimate of antidipated experience under the plan.	ble (bolong into a	eccourt the expede	nce of the plan and	teasonable expect	iBons) and such other essumptions, it
Company #1001c0ffcc	· · · · ·			•	:.
SIGN			•	05/11	3/2014
MERE .			· ·		ate
Signature of actuary					02297
Domenic P. D'Alise					rollment rumber
Type or print name of actuary					969-2200
Schweitzer & Company, LLC	•		Tale		
Firm name		1. 1. 1. 1. 1. 1.	1616	ымпе нипов	(including area code)
Suite 4		Maria de La Caración de Car Objetivo de Caración de Car			:
	706				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promutgated under	r the statute	In completing	this schedule	check the box	and see

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Pago <b>2</b> -			
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Schedule SB	(Form	650 <b>0</b> )	2013	130118
		TO A D 1	~~!~	

	kendi pesu	LITTING OF 1 4401 AND	LIADAGI S	nd Prefunding B	alances	1 1 1 1 1 1 1			G-1 - 50	a Francisco	n balassa
7	Balance al begin	ning of prior year afler	r applicable	e adjustments (line 13	from prior	(a) C	arryover balance	0	(b) Pr	e unos	ng balance 0
8	Portion elected for	or use to offset prior y	 year's fundli	ng requirement (line 3	5 from			0			0
9		ng (line 7 mlnus line 8)						0			0
10		using prior year's act					<del></del> ,				
11		es contributions to be			_						50287:50 <b>-8</b> 00-1
11	•	of excess contribution		•					, , , , , , , , , , , , , , , , , , ,		0
	h interest on (a)	using prior year's effe provided (see instruc	fertive Inter	estrate of 5.22	% except						0
		al beginning of current				1333.7007753733333		<i>3</i> 22			0
		to be added to prefund				1820/milyagaayaayaa					
12		s In balances due to el									. <u>-</u>
		nning of current year (				1	•••	0			. 0
diaments	consequence of the consequence o	ding Percentage			<u> </u>		-				
10-100-300	27.1 27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27.1 [27	uttainment percentage.		<del>-</del>						14	93.72 %
14		g target atteinment per							1	15	93.72 %
_ <u>15</u> 16	Adjusted Tunding	g targer attainment her g targer attainment her	urnoses of a							16	
	current vear's fu	ınding requirement				.,.,		•	<u></u> _		76.57 %
17	If the current va	tue of the assets of the	e plan is le	sa than 70 percent of t	he funding	larget, enler s	uch percentage			17	. %
	art.IV Cor	ntributions and L	Llauldity	Shortfalls							
~ 70 00000	000 CA 10400000 V · · · · ·										
	i Coninguations at	ade to the pian for the	a plan year		nployeas:						
-(1	(a) Date MM-DD-YYYY)	(b) Amount paid amployer(s)	by		(a	Date	(b) Amount paid employer(s)	by		emp	ınt paid by loyaes
	(a) Date	(b) Amount paid I amployer(s)	by	by employer(s) and er (c) Amount pakt by	(a			by		•	
	(a) Date MM-DD-YYYY)	(b) Amount paid I amployer(s)	by	by employer(s) and er (c) Amount pakt by	(a			by		emp	
	(a) Date MM-DD-YYYY)	(b) Amount paid I amployer(s)	by	by employer(s) and er (c) Amount pakt by	(a			by		emp	
	(a) Date MM-DD-YYYY)	(b) Amount paid amployer(a) 19	by	by employer(s) and er (c) Amount pakt by	(a			by		emp	
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	(a) Date MM-DD-YYYY) 2/09/2013	(b) Amount paid in amployer(s)  19  19  player contributions —	, 200 see instruc	by employer(s) and el (c) Amount pald by employees	(a (MM-I 0 Totals	► 18(b)	employer(s)	,200	18(c)	- Grap	
	(a) Date MM-DD-YYYY) 2/09/2013  2/09/2013  Discounted amy a Contributions	(b) Amount paid amployer(a)  19  19  player contributions — saliccated toward unper-	see instructional distribution	by employer(s) and el (c) Amount pald by employees	(a (NM)-1	▶ 18(b) In date after t	employer(s)  19 he beginning of the y	, 200 ear.	18(c)	- Grap	loyees
	(a) Date MM-DD-YYYY) 2/09/2013  Dlacounted emy a Contributions b Contributions	(b) Amount paid is amployer(s)  19  19  player contributions — seallocated toward unpost made to avoid restrict	see instructions adjust	by employer(s) and el (c) Amount pald by employees clions for small plan wi im required contribution ated to valuation date	(a (MM-10)) Totals The a valuations from price	▶ 18(b) In date after to years.	employer(s)  19 he beginning of the y	, 200 ear. 19a	18(c)	- Grap	O
19	(a) Date MM-DD-YYYY) 2/09/2013  Discounted em a Contributions b Contributions	(b) Amount paid is amployer(a)  19  player contributions — significant to avoid restrict altocated toward unions altocated toward minimates.	see instructions adjust	by employer(s) and el (c) Amount pald by employees clions for small plan wi im required contribution ated to valuation date	(a (MM-10)) Totals The a valuations from price	▶ 18(b) In date after to years.	employer(s)  19 he beginning of the y	, 200 ear.	18(c)	- Grap	loyees  O
	(a) Date MM-DD-YYYY) 2/09/2013  Discounted emplements a Contributions C Contributions Quarterly contributions	(b) Amount paid amployer(s)  19  19  ployer contributions — sallocated toward unposted toward minimations and liquidity states.	see instructions adjusting require shortfalls;	by employer(s) and el (c) Amount peld by employees dione for small plen with tim required contribution aled to valuation date	(a (MM)-100	▶ 18(b) In date after the years	employer(s)  19 ne beginning of the y	, 200 ear.  9a  9b	18(c)	emp	loyees  O
19	(a) Date MM-DD-YYYY) 2/09/2013  Discounted em a Contributions b Contributions c Contributions Quarterly contri a Did the plan	(b) Amount paid is amployer(s)  19,  player contributions — seallocated toward unpost made to avoid restrict allocated toward minimaturions and liquidity stated a "funding shortf"	see instructions adjust the rifalls:	by employer(s) and el (c) Amount pald by employees diona for small plan wi im required contribution ded to valuation date d contribution for current	Totals  Totals  the valuations from price	▶ 18(b) In date after the years.	employer(s)  19 ne beginning of the y	, 200 ear: 19a 19b	18(c)	emp	0 (0 18,139
19	(a) Date MM-DD-YYYY) 2/09/2013  2/09/2013  Discounted emplements of Contributions Contributions Quarterly contributions bill the plan bill the 20a is	(b) Amount paid amployer(a)  19,  19,  player contributions — sallocated toward unposted toward minimations and liquidity states a "funding short", "Yes," were required controlled to the controlled to the controlled toward minimations.	see instructions adjustifications adjustifications adjustifications for the quarterty in	by employer(s) and el (c) Amount pald by employees  silone for small plan wi im required contribution do contribution for current prior year?	(a (MM-10)) Totals the valuality are from price tyear adjusting the control of th	18(b) In date after the years.	employer(s)  19 ne beginning of the y	, 200 ear: 19a 19b	18(c)	emp	0 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
19	(a) Date MM-DD-YYYY) 2/09/2013  2/09/2013  Discounted emplements of Contributions Contributions Quarterly contributions bill the plan bill the 20a is	(b) Amount paid is amployer(s)  19,  player contributions — seallocated toward unpost made to avoid restrict allocated toward minimaturions and liquidity stated a "funding shortf"	see instructions adjustifications adjustifications adjustifications for the quarterly in a and comp	by employer(s) and el (c) Amount pald by employees comployees clions for small plan with the required contribution clions for small plan with the required contribution clions for current prior year?	Totals the valuations from price typear adjusting and year ma	18(b) In date after the years.  In date after the years.  In date after the years.	employer(s)  19 ne beginning of the y  1 date	, 200 ear:  9a  9b	18(c)	emp	0 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
19	(a) Date MM-DD-YYYY) 2/09/2013  2/09/2013  Discounted emplements of Contributions Contributions Contributions Discounted emplements	(b) Amount paid in amployer(a)  19,  19,  player contributions— allocated toward unpoint and to avoid restrict allocated toward minimal buttons and liquidity states a "funding short?" "Yes," were required on "Yes," see instructions	see instructions adjustifications adjustifications adjustifications for the quarterly in a and comp	by employer(s) and el (c) Amount pald by employees  silone for small plan wi im required contribution do contribution for current prior year?	Totals the valuations from price typear adjusting and year ma	18(b) In date after the years.  In date after the years.  In date after the years.	employer(s)  19 ne beginning of the y  1 date	, 200 ear:  9a  9b	18(c)	emp	

: . .

Par	N Assumptions Used to Determine F	unding Target and Targe	Normal Cost			
	Discount rate:	<del></del>				
	a Segment rates: 1st segment: 4, 94 %	2nd segment: 6 . 1.5 %	3rd segment: 6 . 76 %		NVA, full yield ou	rve used
	b Applicable month (enter code)			21b		0
	Weighted average retirement age			22		65
			cribed - separate	Substitute		<u>·</u>
<del></del>	VI Miscellaneous Items	<del></del>				
24	Has a change been made in the non-prescribed actu attachment	*11 444   FREE   REES   PLOSE   PROPERTY   LEAVE   REES   REES   PLOSE   PLOSE	,,		······································	es 🖔 No
25	Has a method change been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment		es 🖺 No
26	Is the plan required to provide a Schedule of Active I	Participants? If "Yes," see Instruc	tions regarding required	attachment	Y	es ⊠ No
27	If the plan is subject to alternative funding rules, ente attachment	r applicable code and see Instruc	fions regarding	27	· <del></del>	
Pa	(VII) Reconciliation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum required contributions for all prior y	ears		28		<u></u>
29	Discounted employer contributions allocated toward (line 19a)			29	·	: .0
30	Remaining amount of unpaid minimum required con-	Inbutions (line 28 minus line 29) .		30	<del></del>	
Pa	William Required Contribution	For Current Year	·		·	
31	Target normal cost and excess assets (see instructi	ons):	·			. :0
	a Tergel normal cost (line 6)			31a		
	b Excess assets, If applicable, but not greater than I	ine 31a		31b	1 1 12	0
32	Amortization instellments:	•	Outstanding Bala		lestalime:	18,139
	a Net shortfall amortization installment			103,057		10,155
	b Waiver emortization installment			, <u>4</u>		
33	If a walver has been approved for this plan year, ent (Month Day Year	er the date of the ruling letter gra )_ and the waived amount	nling the approval	33		
34	Total funding requirement before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	-	18,139
٠	and the second s	Carryover balance	Prefunding bala	nce	Total balar	nce .
35	Balances elected for use to offset funding requirement		<u> </u>	. 0		
36	Additional cash requirement (line 34 minus line 35).		·	36	<del>.</del>	18,139
	Contributions allocated toward minimum required co	miribution for current year adjuste	ed to valuation date	37		18,139
38	Present value of excess contributions for current year	ar (see instructions)			<u> </u>	
	a Total (excess, if any, of line 37 over line 36)		·	38a		(
	<b>b</b> Portion included in line 38e attributable to use of	prefunding and funding standard	carryover balances	38b		
39	Unpaid minimum required contribution for current ye	ear (excess, if any, of line 36 over	ling 37)	39	<u> </u>	
40	Unpaid minimum required contributions for all years			40		
Pa	Pension Funding Relief Under F	Pension Relief Act of 201	) (See Instructions	)		
$\frac{p_{ijk}}{p_{ijk}}$ $\frac{p_{ijk}}{p_{ijk}}$	If an election was made to use PRA 2010 funding re	· · · · · · · · · · · · · · · · · · ·			<u>.</u>	
_	a Schedule elected				2 plus 7 years	15 years
-	b Eligible plan year(s) for which the election in fine	41a was made		2006	2009 2010	2011
42	Amount of acceleration adjustment	: =				
	Excess installment acceleration amount to be carrie			43		

#### Attachment to 2013 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

<b>Plan Name</b> Vijay K Cl	nhabra, PC Defined Benefit Plan	EIN:	13-3221100
Plan Sponsor's Name	Vijay K. Chhabra, Physician PC	PN:	004
The weighted average ret	irement age is equal to the normal retirement age of _	65	
	at each age and describe the methodology used to come description of the weight applied at each potential retions. NRA=65.		nted average

## Attachment to 2013 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Vijay K Chhabra, PC Defined Benefit PlanEIN: 13-3221100Plan Sponsor's NameVijay K. Chhabra, Physician PCPN: 004

Type of Base SHORTFALL	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL	103,057	01/01/2013	7	18,139
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