

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010	
A	This return/report is for: <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B	This return/report is for: <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ► 003
		1c Effective date of plan 06/01/1985
2a	Plan sponsor's name and address (employer, if for single-employer plan) THE PETER J. HEFFER, M.D., P.C. 9 MELBY LANE ROSLYN, NY 11576-2518	2b Employer Identification Number (EIN) 13-2944407
		2c Plan sponsor's telephone number 516-621-6146
		2d Business code (see instructions) 621111
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") THE PETER J. HEFFER, M.D., P.C. 9 MELBY LANE ROSLYN, NY 11576-2518	3b Administrator's EIN 13-2944407
		3c Administrator's telephone number 516-621-6146
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN
		4c PN
5a	Total number of participants at the beginning of the plan year	5a 4
b	Total number of participants at the end of the plan year	5b 4
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 0
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 626253	676245
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a)	7c 626253	676245
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 27500	
(2)	Participants	8a(2) 0	
(3)	Others (including rollovers)	8a(3) 0	
b	Other income (loss)	8b 44491	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	71991
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	
f	Administrative service providers (salaries, fees, commissions)	8f 0	
g	Other expenses	8g 21999	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	21999
i	Net income (loss) (subtract line 8h from line 8c)	8i	49992
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1I 3D

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

	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)		X	0
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	0
c Was the plan covered by a fidelity bond?	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	0
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	0
f Has the plan failed to provide any benefit when due under the plan?		X	0
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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
c 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

e 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 during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

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

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/23/2011	ANDREW SIEGEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE PETER J. HEFFER, M.D., P.C.</u>	D Employer Identification Number (EIN) <u>13-2944407</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>441045</u>
b Actuarial value	2b <u>441045</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>2</u> <u>24710</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>598419</u>
(3) Total active	3c(3) <u>2</u> <u>598419</u>
d Total	3d <u>4</u> <u>623129</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.73</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>02/09/2011</u>
Signature of actuary <u>ARTHUR E. TEILER, EA, ASA, MAAA</u>	Date <u>08-01157</u>
Type or print name of actuary <u>PENN PENSION CENTER, INC.</u>	Most recent enrollment number <u>212-687-6151</u>
Firm name <u>2 PARK AVE., 3RD FLOOR NEW YORK, NY 10016-5675</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1
b Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		1
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	70.78 %
15 Adjusted funding target attainment percentage.....	15	70.78 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.69 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	0.00 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/04/2011	27500	0			
Totals ►			18(b)	27500	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	24553
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0
		0
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.33 %	2nd segment: 6.68 %	3rd segment: 6.82 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 71
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	144697	24438
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	24438
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	24438
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	24553
38 Interest-adjusted excess contributions for current year (see instructions).....	38	115
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Form 5500-SF Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 section 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 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2009</div> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2009 or fiscal plan year beginning <u>6/1/2009</u> and ending <u>5/31/2010</u>			
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)	<input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report	<input type="checkbox"/> final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> short plan year return/report (less than 12 months)	
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan		1b Three-digit plan number (PN) ▶	003
THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN		1c Effective date of plan	6/1/1985
2a Plan sponsor's name and address (employer, if for single-employer plan)		2b Employer Identification Number (EIN)	132944407
THE PETER J. HEFFER, M.D., P.C.		2c Plan sponsor's telephone number	5166216146
9 MELBY LANE		2d Business code (see instructions)	621111
ROSLYN			
NY			
115762518			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")		3b Administrator's EIN	132944407
THE PETER J. HEFFER, M.D., P.C.		3c Administrator's telephone number	5166216146
9 MELBY LANE			
ROSLYN			
NY			
115762518			

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year	5a	4	
b Total number of participants at the end of the plan year	5b	4	
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	0	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	626253	676245
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	626253	676245

8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 27500	
(2)	Participants	8a(2) 0	
(3)	Others (including rollovers).....	8a(3) 0	
b	Other income (loss).....	8b 44491	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	71991
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	
f	Administrative service providers (salaries, fees, commissions).....	8f 0	
g	Other expenses.....	8g 21999	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	21999
i	Net income (loss) (subtract line 8h from line 8c).....	8i	49992
j	Transfers to (from) the plan (see instructions).....	8j 0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

11 3D

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

Part V Compliance Questions

10	During the plan year:	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)	10a	X	0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	0
c	Was the plan covered by a fidelity bond?	10c	X	100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	0
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.)	10e	X	0
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....	10g	X	0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
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.....	10i	X	

Part VI Pension Funding Compliance

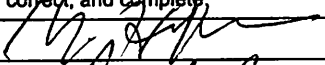
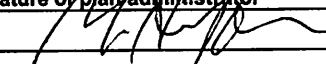
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions. and enter the date of the letter ruling granting the waiver.		
	If 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
c	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
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			PETER J. HEFFER
	Signature of plan administrator	Date 2/17/11	Enter name of individual signing as plan administrator
SIGN HERE			PETER J. HEFFER
	Signature of employer/plan sponsor	Date 2/17/11	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 6/1/2009 and ending 5/31/2010

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE PETER J. HEFFER, M.D., P.C.	D Employer Identification Number (EIN) 132944407	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: <u>6/1/2009</u>			
2 Assets:			
a Market value	2a		441045
b Actuarial value	2b		441045
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	2	24710
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		598419
(3) Total active	3c(3)	2	598419
d Total	3d	4	623129
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.73	%
6 Target normal cost	6	0	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary ARTHUR E. TEILER, EA, ASA, MAAA Type or print name of actuary PENN PENSION CENTER, INC. Firm name 2 PARK AVE., 3RD FLOOR NEW YORK NY 100165675 Address of the firm	2/9/2011 Date 0801157 Most recent enrollment number 2126876151 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>0</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1
b	Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		1
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III | Funding percentages

14	Funding target attainment percentage.....	14	70.78	%
15	Adjusted funding target attainment percentage.....	15	70.78	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.69	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17		%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:[illegible]

Part IV	Contributions and liquidity shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:

	Totals ▶	18(b)	27500	18(c)	0
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19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	24553

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V	Assumptions used to determine funding target and target normal cost
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21 Discount rate:

a Segment rates:	1st segment: 5.33 %	2nd segment: 6.68 %	3rd segment: 6.82 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) 21b 0

22 Weighted average retirement age 22 71

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI	Miscellaneous items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... 27

Part VII	Reconciliation of unpaid minimum required contributions for prior years
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28 Unpaid minimum required contribution for all prior years 28 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... 29 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... 30 0

Part VIII	Minimum required contribution for current year
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31 Target normal cost, adjusted, if applicable (see instructions)..... 31 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	144697	24438
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval () and the waived amount 33

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... 34 24438

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)..... 36 24438

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)..... 37 24553

38 Interest-adjusted excess contributions for current year (see instructions)..... 38 115

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... 39 0

40 Unpaid minimum required contribution for all years 40 0

THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Schedule SB, Part V - Summary of Plan Provisions
Plan Name: THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Plan EIN: 13-2944407
Plan Number: 003

Plan Effective Date	June 1, 1985
Plan Anniversary Date	June 1, 2009
Participation Eligibility	Minimum age: 21 and Minimum months of service: 24
Plan Entry Date	06/01 or 12/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Normal Retirement Benefit	0% of compensation IRC415 maximum annual benefit: \$175,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 5 year average salary over all service Annual salary up to \$245,000 considered
Vested Retirement Benefit	Vesting Schedule: 100% vested immediately Computation Period: Employment Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on participation

THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Plan EIN: 13-2944407
Plan Number: 003

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment: 5.33%

Second Segment: 6.68%

Third Segment: 6.82%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2009 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Mortality Table 1983 IAM MALE

5 Year Setback for Males

5 Year Setback for Females

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2009 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5% Effective annual rate

THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Plan EIN: 13-2944407
Plan Number: 003

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount	Penalty Rate of Interest	Additional Discounted Amount	Value As of Valuation Date
02/04/2011	27500.00	2009	6.73%	24651.00	11.73%	-97.91	24553.09

THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Schedule SB, line 32 - Schedule of Amortization Bases
Plan Name: THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Plan EIN: 13-2944407
Plan Number: 003

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	144,697	06/01/2009	7	24,438

THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN
Plan EIN: 13-2944407
Plan Number: 003

The weighted average retirement age of 71 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

