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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pe	ension Be	enefit Guaranty Corporation	•	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	""	peotion	
Pa	rt I	Annual Report	t Identi	fication Information						
For	calenda	ar plan year 2009 or fi			09	and ending 0)5/31/2	2010		
A	Γhis ret	urn/report is for:	X sin	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ınt plan	
		urn/report is for:	firs	t return/report	final retu				·	
	11113 161	unineport is ior.	븜	amended return/report	=	n year return/report (less than 12 mo	nthe)			
•				' L	╡ :	, ,	111113)	П вемо		
C	Check b	oox if filing under:	H	rm 5558	_	cextension		DFVC progra	am	
				ecial extension (enter descrip						
Pa	rt II	Basic Plan Info	ormati	n—enter all requested infor	mation					
		of plan					1b	Three-digit		
THE	PETER	J. HEFFER, M.D., P.	P.C. DEF	NED BENEFIT PLAN				plan number	003	
							4 -	(PN))		
							10	Effective date of 06/01/1		
22	Dlon or	annor's name and as	ddroos (a	employer if for single employe	or plan)		2h			
		S J. HEFFER, M.D., P.	,	employer, if for single-employer	er pian)		20	Employer Identi (EIN) 13-294		
			.0.				2c	Plan sponsor's		er
	LBY LA							516-62		
ROSI	_YN, N	Y 11576-2518					2d	Business code	•)
							-	621111		
		dministrator's name a k J. HEFFER, M.D., P.		ess (if same as Plan sponsor, 9 MELBY L		e")	30	Administrator's 13-294		
TITLE	LILIN	O. HEH LIX, WI.D., T	.0.		NY 11576-2	518	30	Administrator's		or
							30	516-62		CI
4 If	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					eport filed for this plan, enter the	4b	EIN		
r	name, E	EIN, and the plan num	mber fron	the last return/report. Spons	sor's name				-	
								PN		
5a	Total r	number of participants	ts at the b	eginning of the plan year			5a			4
b	b Total number of participants at the end of the plan year					5b			4	
С						year (defined benefit plans do not	F -			0
		•					5c			0
			-			(See instructions.)			X Yes	No
b						ndent qualified public accountant (IQ ions.)			X Yes	No
						SF and must instead use Form 55				
Pa	rt III	Financial Infor								
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End	of Year	
а					7a	626253	3		6762	45
b							0			0
С				m line 7a)		626253	3		6762	45
8		e, Expenses, and Tra				(a) Amount		(b) .	Total	
а		butions received or re				(a) Amount		(5)	Otal	
-					8a(1)	27500	0			
	(2) Pa	articipants			8a(2)		0			
	(3) Ot	thers (including rollove	/ers)		8a(3)		0			
b	Other	income (loss)	<u>´</u>			4449	1			
С		` ,		, 8a(3), and 8b)					719	91
d				ers and insurance premiums						
					8d	(0			
е	Certai	n deemed and/or corr	rective di	stributions (see instructions).	8e		0			
f	Admin	istrative service provi	viders (sa	aries, fees, commissions)	8f		0			
g	Other	expenses			8g	21999	9			
h		·		, and 8g)					219	99
i				rom line 8c)					499	92
i				tructions)			0			
•		` ' '	,	,	ı oj		_			

Dant IV	DI	Ola	
Part IV	Plan	Characteristic	cs

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

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

Part \	/ Compliance Questions								
	During the plan year:				Yes	No	Δ	mount	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			0
	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)		•	10b		Х			0
С	Was the plan covered by a fidelity bond?			10c					
	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?			10d		X			0
	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	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
	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		X			
	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part \	/I Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requirements 5500))							X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of sectior	1 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	f a waiver of the minimum funding standard for a prior year is being ar granting the waiver								
	pu completed line 12a, complete lines 3, 9, and 10 of Schedule ME					Day _	r	ear	
-	Enter the minimum required contribution for this plan year		-		Г	12b			0
	Enter the amount contributed by the employer to the plan for this plan					12c	0		
d :	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	us sign to the left o	of a		12d			0
e '	Will the minimum funding amount reported on line 12d be met by the for	unding deadline?					Yes	No X	N/A
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
1	f "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			0
b '	Were all the plan assets distributed to participants or beneficiaries, training the PBGC?					ntrol		Yes	× No
	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plar	n(s) to			i	
13	c(1) Name of plan(s):				130	c(2) Ell	N(s)	13c(3)	PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonable	e cau	se is	establi	ished.	1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I c Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have e	examined this retu	rn/rep	ort, in	cluding	g, if applicab		
SIGN	Filed with authorized/valid electronic signature.	02/23/2011	ANDREW SIEGEL	_					
HERE		Date	Enter name of inc	divid	al sin	nina as	plan admin	istrator	

Date

Date

Enter name of individual signing as plan administrator

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

instructions

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).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as an att	achmen	nt to Form	5500 or 5	5500-SF.			
For calendar plan year 2009 or fiscal pla	an year beginning 06/01/2	2009			and endir	ng 05/31	/2010	
▶ Round off amounts to nearest dol								
► Caution: A penalty of \$1,000 will be	assessed for late filing of this	report ur	nless reaso	onable car	use is established	d		
A Name of plan THE PETER J. HEFFER, M.D., P.C. DE	FINED BENEFIT PLAN				B Three-digit plan numb		•	003
C Plan sponsor's name as shown on lin THE PETER J. HEFFER, M.D., P.C.	e 2a of Form 5500 or 5500-SF	=			D Employer lo	dentificatio	on Number (EIN)
E Type of plan: X Single Multiple	-A Multiple-B	F Pi	rior year pla	n size: X	100 or fewer	101-500) More t	nan 500
Part I Basic Information						_		
1 Enter the valuation date:	Month 06 Day	01	Year 2	2009				
2 Assets:								
a Market value						2a		441045
b Actuarial value						2b		441045
3 Funding target/participant count br	eakdown			(1) N	umber of participa	ants	(2)	Funding Target
a For retired participants and be	eneficiaries receiving payment		3a	. , ,	·	0		0
b For terminated vested particip	oants		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))						
a Funding target disregarding p	rescribed at-risk assumptions.					4a		
	sk assumptions, but disregardin secutive years and disregardin	•		•		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 sul accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption is							
SIGN HERE							02/09/2	011
Si ARTHUR E. TEILER, EA, ASA, MAAA	ignature of actuary						Date	F.7
-							08-011	
Type or print name of actuary PENN PENSION CENTER, INC.					_	Most recent enrollment number 212-687-6151		
2 PARK AVE., 3RD FLOOR NEW YORK, NY 10016-5675	Firm name				Tel	ephone n	umber (inclu	ding area code)
	Address of the firm				<u> </u>			

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

Page 2-	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding	bala	ances							
	,			_				(a) (Carryover balance		(b) Prefunding balance			
7		-	•		cable adjustments (Item					0			0	
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from p	prior	year)			0			0	
9	Amount	remainii	ng (Item 7 minus i	tem 8)						0			0	
10	Interest	on item	9 using prior year	's actual re	eturn of%					0			0	
11					d to prefunding balance:									
	a Exce	ess contr	ributions (Item 38	from prior	year)						1			
	b Intere	est on (a	a) using prior year	's effective	e rate of6.06 %						0			
					year to add to prefunding I								1	
	d Porti	on of (c)	to be added to p	refunding b	palance								0	
12	Reduction	on in bal	ances due to elec	tions or de	emed elections					0			0	
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - it	em 1	2)			0			0	
P	art III	Fun	ding percenta	ages										
14	Funding	target a	ttainment percent	age								14	70.78 %	
15					ge							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.							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 %					
P	Part IV Contributions and liquidity shortfalls													
	18 Contributions made to the plan for the plan year by employer(s) and employees:													
	(a) Date		(b) Amount p		(c) Amount paid by		(a) Da	ite	(b) Amount pa	aid by	(c) Amou	int paid by	
(N	IM-DD-YY	YYY)	employer	(s)	employees		(MM-DD-)	YYYY)	employer(s)		employees		
02	/04/2011			27500		0								
						_								
												ı		
							Totals ►	18(b)		27500	18(c)		0	
19					tructions for small plan w				Г					
	a Contri	ibutions	allocated toward	unpaid min	nimum required contributi	on fr	om prior yea	ars		19a			0	
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date					19b			0	
	C Contri	butions a	allocated toward m	nimum req	uired contribution for curre	ent ye	ar adjusted to	o valuatior	n date	19c			24553	
20	Quarterly	y contrib	outions and liquidi	ty shortfalls	S:									
	a Did the plan have a "funding shortfall" for the prior year?													
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current	year	made in a ti	mely man	iner?				Yes X No	
	C If 20a	is "Yes,	" see instructions	and compl	lete the following table as									
		(1) 1-	<u></u>		Liquidity shortfall as o	of end	d of Quarter					(A) A±1		
(1) 1st (2) 2nd (3) 3rd							(4) 4th	<u>1</u>						

Pa	rt V Assumptio	ons used to determine t	unding target and ta	rget n	ormal cost				
21	Discount rate:								
	a Segment rates:	1st segment: 5.33 %	2nd segment: 6.68 %		3rd segment: 6.82 %		N/A, full yield curve used		
	b Applicable month	(enter code)				21b	0		
22	Weighted average ret	tirement age				22	71		
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	е		
Pa	rt VI Miscellane	ous items							
24	•	nade in the non-prescribed act	•		•		· · · · · · · · · · · · · · · · · · ·		
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attacl	nment	Yes X No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes X No		
27	1 0	or (and is using) alternative fur	9 / 11			27			
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions f	or prior years				
28	'						0		
29						29	0		
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)					30	0		
Pa	rt VIII Minimum	required contribution	for current vear			•			
31		adjusted, if applicable (see inst				31	0		
32	Amortization installme		,		Outstanding Bala	nce	Installment		
	a Net shortfall amort	tization installment			<u> </u>	144697	24438		
		on installment		-		0	0		
33		approved for this plan year, en Day Year				33			
34	0 1	ment before reflecting carryove	1 0 \			34	24438		
			Carryover balance		Prefunding balar	nce	Total balance		
35	Balances used to offs	set funding requirement		0		0	0		
36						36	24438		
37						37	24553		
38						38	115		
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over it	em 37)	39	0		
40		uired contribution for all years	40	0					

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 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

2009

This Form is Open to Public Inspection

Pa	rt I Annual Report	Identification Information	n					
	calendar plan year 2009 or fi		6/1/2009	and ending	5/	31/2010		
Ат	This return/report is for:	single-employer plan	multiple-er	nployer plan (not multiemployer)	[one-participa	nt plan	
Вт	This return/report is for:	first return/report	final return	/report				
	•	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension	[DFVC progra	m	
	•	special extension (enter des	cription)			_		
Pa	rt II Basic Plan Info	ormation—enter all requested i	nformation			-		
	Name of plan	•			1b	Three-digit		
	THE PETER J. HEFF	ER, M.D., P.C. DEFINED E	BENEFIT PLA	N		plan number	003	
	(PN) IC Effective date of plan							
							1985	
2a	•	ddress (employer, if for single-emp	oloyer plan)			Employer Identif	ication Number 32944407	
	THE PETER J. HEFFI	ER, M.D., P.C.				PH4)	elephone number	
						5166	216146	
	0.4451.00/ 1.40/5				2d	Business code (see instructions) 1111	
	9 MELBY LANE			1		02		
	ROSLYN							
	NY							
	141							
	115762518							
	,,,,,,							
-2-	Dia adalahatada asas s	and address (if some as Discourse		**	3h	Administrator's I	= INI	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 132944407								
TI	HE PETER J. HEFFER, N	M.D., P.C.			3с	Administrator's t	elephone number	
					3c Administrator's telephone number 5166216146			
9	MELBY LANE							
	0001741							
	OSLYN Y							
IN	I T							
1	15762518							
		plan sponsor has changed since nber from the last return/report. S		port filed for this plan, enter the	4b	EIN		
•	en and the plan hull		Parioni e Hairie		4c	PN		
	· · ·				5a	ļ	4	
b		• •			5b		4	
С		s with account balances as of the		ear (defined benefit plans do not	5c		0	
6a				(See instructions.)			Yes No	
b				dent qualified public accountant (IQ				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Pa	rt III Financial Infor		use rorm 5500-3	or and must instead use Form 55	UU.			
7	Plan Assets and Liabilities			(a) Beginning of Year	T	(b) End	of Year	
a			7a	626253		(a) Ella	676245	
b	•			020200	\neg		0	
	•	ne 7b from line 7a)		626253	\neg		676245	

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_	(b) T	otal
-	Contributions received or receivable from: (1) Employers	8a(1)		7500				
	(2) Participants			0	-			
	(3) Others (including rollovers)			0	7			
h	Other income (loss)	8b	44	1491				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							71991
	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)			0	1 .			
g	Other expenses		21	1999	7			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	1						21999
ï	Net income (loss) (subtract line 8h from line 8c)							49992
i	Transfers to (from) the plan (see instructions)			0				
b	If the plan provides welfare benefits, enter the applicable welfare f		So nom the clot or than order					
Par					Yes	No	·	Amount
10	During the plan year:	tiono within	the time period described in		165	140		Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	ł	0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		X		0
C	Was the plan covered by a fidelity bond?			10c	×			100000
d	· i					X		0
е						×		0
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		0
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X	-	C
ŀ		(See instru	ctions and 29 CFR	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					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))

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.)

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.

0

	Plan Terminations and Transfers of A	

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	0
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	∏ Yes × No
	of the PBGC/	□ .00 □

	negative for the late or incomplete	£111	- £ 4L1 4 (A will be seened	ad umlaca raacanahla	nadeidetea ie aetebliebad
Courtion 0	honaity for the late or incomplete	TIURA C	ot this return/recor	t will de assessi	eu uilless reasvilavit	, ransa is astantistica:

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

HERE Signature of plan administrator Date 2/17/11 Enter name of individual signing as plan administrator PCTCOTOR T. HEFER	SIGN			PETER J. HEFFER
PETER T. HEFFER		Signature of planyadministrator	Date 2/17/11	Enter name of individual signing as plan administrator
1 SIGN 1 / 1/ 1 II/	SIGN			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)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor
Employee Benefits Security Administration

This
Retire

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

File as an attachm	ient to ronn s	300 01 3	7500-51 .	Elod	2010	
For calendar plan year 2009 or fiscal plan year beginning 6/1/2009			and endin	ig 5/31/	2010	
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reasor	nable cau	use is established	d		
A Name of plan	ΔNI		B Three-digit plan numb		•	003
THE PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PL	-AIN					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer lo			370
THE PETER J. HEFFER, M.D., P.C.				1	3294440)7
E Type of plan: X Single Multiple-A Multiple-B	Prior year plar	size: X	100 or fewer	101-50	0 More	e than 500
Part I Basic Information			-			
1 Enter the valuation date: 6/1/2009					Property of the	The artists to the second of t
2 Assets:						441045
a Market value				2a		
b Actuarial value				2b		441045
3 Funding target/participant count breakdown		(1) N	umber of particip	ants	(2	2) Funding Target
a For retired participants and beneficiaries receiving payment	3a		0			0
b For terminated vested participants			2			24710
C For active participants:						
(1) Non-vested benefits	3c(1)					0
1-1						598419
			2			598419
(3) Total active	0.1		4			623129
d Total						111.10.005.00 (1990) (1990) (1990) (1990)
4 If the plan is at-risk, check the box and complete items (a) and (b)			·U			
a Funding target disregarding prescribed at-risk assumptions				. 4a		
b Funding target reflecting at-risk assumptions, but disregarding trainat-risk for fewer than five consecutive years and disregarding load	nsition rule for ding factor	plans th	at have been	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 schedule accordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.	dules, statements a nable (taking into ac	nd attachm count the e	ents, if any, is complet xperience of the plan a	e and accurated and reasonal	ate. Each pres ble expectation	scribed assumption was applied in ns) and such other assumptions, in
SIGN HERE arthur & Teiler			_		2/9/20	11
Signature of actuary ARTHUR E. TEILER, EA, ASA, MAAA					Date 08011	
Type or print name of actuary						lment number
PENN PENSION CENTER, INC.					2126876	ACCOMMON ACC
Firm name 2 PARK AVE., 3RD FLOOR			le	lephone r	number (in	cluding area code)
NEW YORK						
NY						
100165675						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated undinstructions	ler the statute i	in comple	eting this schedu	le, check	the box ar	nd see

Da	art II Begin	ning of year carryove	er and prefunding ha	lances		 			-	
	artii Degii	ming of year carryove	and projectioning ba		(a)	Carryover balance	(b)	Prefund	ng balance	
7		nning of prior year after appli	· · · · · · · · · · · · · · · · · · ·			0		0		
8	Portion used to	offset prior year's funding rec	quirement (Item 35 from prio	r year)		0		0		
9	Amount remaining	ng (Item 7 minus item 8)				0		0		
10	Interest on item	9 using prior year's actual re	turn of 0 %			0	-	0		
11		ess contributions to be added								
	•	ributions (Item 38 from prior	,					1		
		a) using prior year's effective						0		
		e at beginning of current plan			i		-	1		
		to be added to prefunding b	•					0		
12	· · · · · · · · · · · · · · · · · · ·	ances due to elections or de				0		0		
		nning of current year (item 9			 	0	· ·	0		
			Them to them tro them	12)	1					
		ding percentages						14	70.78	%
		ttainment percentage							70.78	
		g target attainment percentag						15	70.76	<u>%</u>
16		ling percentage for purposes inding requirement						16	92.69	%
17	If the current val	ue of the assets of the plan i	is less than 70 percent of the	e funding ta	rget, enter	such percentage		17		%
P	art IV Con	tributions and liquidi	ty shortfalls			-				
		ade to the plan for the plan y		ployees:						
	(a) Date	(b) Amount paid by	(c) Amount paid by		Date	(b) Amount paid by	(unt paid by	
(N	MM-DD-YYYY)	employer(s)	employees	(MM-DI	D-YYYY)	employer(s)		emp	loyees	
	2/4/2011	27500	0							
						1	1			

P	art IV	Contrib	utions a	nd liquidity	v sho	rtfalls		_							
						nployer(s) and em	ploy	ees:						-	
							To	otals ▶	18(b)		27500	18(c)			0
19	Discou	inted employer	contributio	ns – see instru	uctions	for small plan with	n a va	aluation da	te after t	he beginning o		!			
		, ,				quired contribution							0		
	b Con	tributions made	e to avoid r	estrictions adju	usted to	valuation date					19b		0		
	C Con	tributions alloca	ted toward	minimum requir	red con	tribution for current	year	adjusted to	valuatio	n date	19с		2455	53	
20		erly contribution	-	=											
	a Did	the plan have	a "funding s	shortfall" for the	e prior	year?	•••••	•••••		•••••	•••••		<u>×</u>		∐ No
	b If 20	a is "Yes," wei	re required	quarterly insta	illments	for the current ye	ar m	ade in a tir	mely mai	ner?	•••••			Yes	× No
	C If 20	a is "Yes," see	instruction	s and complet		ollowing table as a			of Alala and						
		(1) 1st			Liquid (2)	lity shortfall as of e	ena c	or Quarter C	(3)	3rd			(4) 4th		
			(o		(5				0		• •		0
Pa	rt V	Assumption	ns used	to determi	ine fu	nding target	and	target n	ormal	cost					
21	Discou	ınt rate:	,												
	a Se	gment rates:	1:	st segment: 5.33 %		2nd segr 6.68				3rd segment 6.82	: 6	□ N/A	full yield	d curve	used
	b An	nlicable month	(enter code								. 21b				0
22			·	•							. 22				71
23	Mortal	ity table(s) (se	e instructio	ns) ×	Pres	cribed - combined		Pres	cribed -	separate	Substitu	ite			
Pa	rt VI	Miscellane	ous item	าร											
24	Has a	change been r	nade in the	non-prescribe		arial assumptions								d L	
		ment												Yes	
						year? If "Yes," s									No No
		·	<u> </u>			articipants? If "Ye								Yes	× No
						ling rules, enter ap				IISU UCUOIIS	27				
Pa	rt VII	Reconcili	ation of	unpaid mir	nimun	n required co	ntri	butions	for pri	or years					
28	Unpaid	d minimum req	uired contri	bution for all p	rior yea	ars					28			<u></u>	0
29						inpaid minimum re					29				0
30						ibutions (item 28 r									0
		T				or current year	-						•		
31			•			ctions)					31				0
		ization installm		,						outstanding Ba	lance		Install	ment	
	a Net	shortfall amor	tization inst	allment							144697	•		2	4438_
	b Wa	iver amortization	on installme	ent							0			_	0
33	If a wa	iver has been	approved fo	or this plan yea	ar, ente	r the date of the n	_	-			33				
	(·				
34				_	•	prefunding balanc					34			2	24438
		,			T	Carryover t				Prefunding bal	ance		Total ba	lance	
35	Baland	ces used to offs	set funding	requirement				0			0				0
36	Additio	onal cash requi	rement (ite	m 34 minus ite	em 35).						36			2	4438
37				•		tribution for curre	•	•			37			2	4553
20	<u> </u>					r (eaa instructions	-				38				115
						r (see instructions or (excess, if any, o						ļ . 			0
				bution for all v		torossa, ii any, t	J. 118	00 0401			40				0

40 Unpaid minimum required contribution for all years

40

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

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 Males5 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

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

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

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

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.

(Rev. January 2008) Department of the Treasury Internal Revenue Service

Signature ▶

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Par	t l	Identification	_					
^	THE	of filer, plan administrator, or plan sponsor (see instructions) E PETER J. HEFFER, M.D., P.C.				ing number (s tification numb		ns).
		per, street, and room or suite no. (If a P.O. box, see instructions)		13		294	44407	
	•	ELBY LANE		Social	security	number (SSN)	F	
	-	or town, state, and ZIP code SLYN NY 115762518	İ			;	į	
	RO:	SLYN NY 115/62518	+	Plan		Plan	year endi	20-
С		Plan name		rian numb	-	MM	DD	YYYY
		THE RESERVE AND THE PERIOD DENGELT DIAM	 	!	:		1	
	THE	E PETER J. HEFFER, M.D., P.C. DEFINED BENEFIT PLAN	0	0	3	05	31	2010
1				1				
2			l	i	i			
2				 	!			
3								
Par	t II	Extension of Time to File Form 5500 or Form 5500-EZ	see ins	struci	ions)			
1	The norm	application is automatically approved to the date shown on line 1 and due date of Form 5500 or 5500-EZ for which this extension is re-	(above	e) if: (a) the	Form 5558	is filed on e 1 is no n	or before the
	mon	ths after the normal due date.						
	Vall	must attach a conv of this Form 5558 to each Form 5500 and 5500-EZ	filed af	ter the	e due d	ate for the p	olans listed	in C above.
		must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ				late for the p	olans listed	in C above.
	. A sig	gnature is not required if you are requesting an extension to file Form 5500				ate for the p	olans listed	in C above.
	. A sig	gnature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions)	er Form	n 5500		ate for the p	olans listed	in C above.
	A sig	gnature is not required if you are requesting an extension to file Form 5500	or Form	n 5500	-EZ.			in C above.
Par 2	A sig	gnature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) quest an extension of time until	or Form	n 5500). ormal	-EZ.	e of Form 53		in C above.
Par 2	I req	gnature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) quest an extension of time until/ to file Formay be approved for up to a six (6) month extension to file Form 5330, after	or Form). ormal	-EZ. due dat	e of Form 53		in C above.
Par 2 a b	I req You Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal a	-EZ. due dat	e of Form 53		in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal a	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.
Par 2 a b	I req You : Ente	Extension of Time to File Form 5330 (see instructions) Quest an extension of time until/ to file Form 5330, after the Code section(s) imposing the tax	or Form). ormal	-EZ. due dat	e of Form 53	30.	in C above.

Date ▶