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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	09	and ending 1	2/31/2	2009			
Α -	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	final retur						
_	an amended return/report	=	year return/report (less than 12 mo	nths)				
<u> </u>		=	extension		DFVC program			
C		_	, exterision		brvc program			
_	special extension (enter descript							
	art II Basic Plan Information—enter all requested information	nation		41.				
	Name of plan			10	Three-digit plan number			
CELI	NA A. PONCE, M.D. PENSION PLAN				(PN) • 001			
				1c	Effective date of plan			
					01/01/1997			
	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b	Employer Identification Number			
CELI	NA A. PONCE, MD, PC				(EIN) 13-4199073			
00 D	A DIVIVIENT AN VENUE			2c	Plan sponsor's telephone number			
	ARKVIEW AVENUE T HARRISON, NY 10604			24	914-684-2108 Business code (see instructions)			
				24	621111			
	Plan administrator's name and address (if same as Plan sponsor,			3b	Administrator's EIN			
CELI	NA A. PONCE, MD, PC 22 PARKVI WEST HAF				13-4199073			
	WESTIM	3c	Administrator's telephone number 914-684-2108					
4 1	f the name and/or EIN of the plan sponsor has changed since the I	ast return/re	port filed for this plan, enter the	4h				
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								
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	2			
b	Total number of participants at the end of the plan year			5b	2			
С	Total number of participants with account balances as of the end			_				
	complete this item)			5c				
	Were all of the plan's assets during the plan year invested in eligi				X Yes No			
D	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	584867	7	763465			
b	Total plan liabilities	7b	C)	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	584867	7	763465			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:				· ·			
	(1) Employers	8a(1)	()				
	(2) Participants	8a(2)	C)				
	(3) Others (including rollovers)	8a(3)	()				
b	Other income (loss)	8b	178598	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			178598			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions).		(-				
f	Administrative service providers (salaries, fees, commissions)			_				
g	Other expenses			_				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)			_	0			
: :					178598			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				170000			
J	Transition to (morn) the plan (see mondellons)	8i)				

Form 5500-SF 2009 Page	2- 1	
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Part IV	Dlan	Characteristics
Partiv	Plan	Characteristics

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:

	.,								
Part		Compliance Questions					1		
10		ng the plan year:	a within the time no	riad dagaribad in		Yes	No	A	mount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X		
b		e there any nonexempt transactions with any party-in-interest? (D ne 10a.)			10b		Х		
С	Wa	s the plan covered by a fidelity bond?			10c		Χ		
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	•	10d		X		
е	insı	e any fees or commissions paid to any brokers, agents, or other p rance service or other organization that provides some or all of the octions.)	e benefits under the	e plan? (See	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Χ		
•	If th	is is an individual account plan, was there a blackout period? (See	e instructions and 2	9 CFR	10g		X		
i	If 1	th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i				
Part '	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements							X Yes No
12		nis a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		waiver of the minimum funding standard for a prior year is being a							
If v		ting the waiveromplete lines 3, 9, and 10 of Schedule MB					Day ₋	Y	ear
_		er the minimum required contribution for this plan year					12b		
		er the amount contributed by the employer to the plan for this plan				1	12c		
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d		
е	·	the minimum funding amount reported on line 12d be met by the f						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 ye	ear or any prior yea	r?		<u></u>			Yes X No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	loyer this year				13a		
b		e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	insferred to another	plan, or brought	under	the co	ntrol		Yes X No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to			
1:	3c(1	Name of plan(s):				130	c(2) EII	N(s)	13c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	se is	establi	ished.	l
Under SB or	r per Sch	alties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	urn/rep	ort, in	cluding	g, if applicab	
SIGN	, F	led with authorized/valid electronic signature.	10/09/2010	JOHN BURY					
HERI	_	Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sinı	ning as	nlan 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

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

	!-		lan					nent to Form	oouu or	5500		alt.	12/24/0	2000	1		
				or fiscal plan		ir beginning 0	1/01/2009				and en	ding	12/31/2	2009	1		
				nearest dollar													
				,000 will be as	ses	ssed for late filing o	of this repor	rt unless reas	onable ca	ause i	s establish	hed.				T	
	lame			ENSION PLAN						В	Three-d	igit				004	
CEL	.IINA A	4. PU	INCE, IVI.D. PE	INSION PLAN							plan nur	mbe	r (PN)		<u> </u>	001	
	N			to account to the Country		· (= = = = = = = = = = = = = = = = =	.00.05			_		. 1.1.	- CC C	NI.		(EINI)	
			ors name as s NCE, MD, PC		2a (of Form 5500 or 55	00-SF			D	Employe	r iae	ntification	ı Nu	mber (EIN)	
OLL	.II N/A /	 1 O	NOL, MD, I O							13	-4199073						
			V 0: :		_	1				<u> </u>		П		П			
	ype o	f plan	: X Single	Multiple-A	L	Multiple-B	F	Prior year pl	an size:	100	or fewer	Ш	101-500	Ш	More t	than 500	
Pa	ırt I	В	asic Inforn	nation													
1	Ente	er the	valuation date	e:	Мс	onth <u>12</u> [Day <u>31</u>	Year	2009								
2	Ass	ets:															
	а	Mark	et value									Г	2a				763465
	b	Actu	arial value										2b				763465
3	Fun			ant count brea					(1) N	Jumbe	er of partic	cipar	nts		(2)	Funding Targ	net
	а	U	0 1 1			aries receiving pay	/ment	3a	(.,.		or partie	J. P G.	0		(-/	· anang rang	0
	b												1				8619
	C		active particip														
	C							3c(1)									0
		(1)						2 (2)	{								718354
		(2)						· · · ·					1				718354
	al	(3)											2				716334
	d									_			2				120913
4	If the	e plar	n is at-risk, che	eck the box ar	d c	omplete items (a) a	and (b)			∐							
	а	Fund	ling target dis	regarding pres	crit	oed at-risk assump	tions						4a				
	b					umptions, but disre							4b				
_						ve years and disre		-					-				0.00.01
5													5				6.00 %
6					••••								6				0
		•	Enrolled Actu	•	سئاسا	this sale adula and account		dula atatamanta						Faal	h	ihad assumation	uaa annliad in
;	accorda	ince wit	h applicable law a	nd regulations. În r	ny o	this schedule and accompinion, each other assum											
			ter my best estima	ate of anticipated e	cper	ence under the plan.											
	IGN																
Н	ERE	Ξ								_				1	0/08/2	.010	
				Sign	atu	re of actuary									Date		
JOH	N M. I	BURY	, EA												08-041	183	
				Type or p	rin	name of actuary							Most rece	ent e	enrollm	ent number	_
BUR	Y & A	SSO	CIATES, INC.											97	3-783-	4477	
					Fir	m name				_		Геler	ohone nui	mbe	r (inclu	uding area co	ide)
	ARK														,	3	,
IVIUN	i i CL/	λIK, N	IJ 07042														
										_							
				Ad	dre	ss of the firm											
			s not fully refl	ected any reg	ılat	ion or ruling promu	lgated und	er the statute	in compl	eting	this sched	lule,	check the	e bo	x and	see	П
instr	iction	2															

age 2-	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
	•			-			(a) (Carryover balance		(b) F	Prefundi	ng balance
7		_	•		icable adjustments (Item 13	•			0			0
8	Portion u	used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainir	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	ss contr	ributions (Item 38	from prior	year)							0
	b Intere	est on (a	a) using prior year	's effective	e rate of							0
					year to add to prefunding bala							0
	_			•	palance							0
12				_	eemed elections				0			0
13					+ item 10 + item 11d – item				0			0
	art III		ding percenta						·			
14	Fundina										14	105.02 %
15					ge						15	105.02 %
16	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17					is less than 70 percent of the						17	%
P	art IV	Con	tributions and	d liquidi	ity shortfalls							
				•	vear by employer(s) and emp	olovees:						
	(a) Date		(b) Amount pa		(c) Amount paid by	(a) [Date	(b) Amount pa	aid by	(0	c) Amou	nt paid by
(N	IM-DD-YY	YY)	employer((s)	employees	(MM-DD	-YYYY)	employer(s)		empl	oyees
						Totals ►	18(b)			18(c)		
19	Discount	ed emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	a Contri	butions	allocated toward	unpaid mir	nimum required contribution	from prior ye	ears		19a			0
	b Contri	butions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contril	outions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	l to valuatior	n date	19c			0
20	Quarterly	y contrib	outions and liquidit	y shortfall:	S:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ır made in a	timely man	ner?				Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:						
					Liquidity shortfall as of e	nd of Quarte						
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
						1			1			

Pa	rt V Assumptio	ns used to determine f	unding target and targe	et nor	mal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %		3rd segment: 6.69 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	70
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescril	bed - separate	Substitu	te
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curre		•		· ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruction	ions reg	arding required attacl	hment	Yes 🛚 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see inst	truction	s regarding required	attachment	Yes X No
27	, ,	` ",	nding rules, enter applicable co			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns fo	r prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '		unpaid minimum required con		' '	29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)		30	0
Pa	rt VIII Minimum	required contribution	for current vear				
		•	ructions)			31	0
	Amortization installme	, , , , , , , , , , , , , , , , , , , ,	,		Outstanding Bala	ince	Installment
					-	0	0
	b Waiver amortizatio	on installment				0	0
33			ter the date of the ruling letter (33	0
34			er/prefunding balances (item 31			34	0
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offs	et funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35)			36	0
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	usted to	valuation date	37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 o	over iter	n 37)	39	0
40	Unpaid minimum requ	uired contribution for all years.				40	0

Filing Authorization for the 2009 Form 550 / Form 5500-SF

Name of Plan:

Celina A. Ponce, M.D. Pension Plan

EIN / PN:

13-4199073 / 001

Plan Year Ending:

12/31/2009

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Bury and Associates, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 2 of the Form 5500-SF and provide a scanned copy of that signature page to Bury & Associates, Inc. before the electronic filing can be initiated;
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 2 of the Form 5500-SF, will be included
 with the return/report posted by the Department of Labor on the Internet for public
 disclosure.
- Bury and Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for

PART II Acknowledgement of Receipt of Authorization

On behalf of Bury and Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Bury and Associates, Inc.:

___ Date: 10/1/10

(John M. Bury, EA)

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).

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

			Identification Informat	tion					
For	calendar p	olan year 2009 or f	iscal plan year beginning	1/01/2009		and ending	2/31/	2009	
Α	This return	n/report is for:	single-employer plan	n	nultiple-e	employer plan (not multiemployer)		one-participant pla	n
В	This return	/report is for:	first return/report	fi	nal retur	n/report		_	
		•	an amended return/repor	rt ∏ s	hort plan	year return/report (less than 12 mo	nths)		
C	Check box	if filing under:	K Form 5558	Па	utomatic	extension		DFVC program	
•	3110011 20 71		special extension (enter	description))				
Pa	rt II E	Basic Plan Info	ormation—enter all requeste						
	Name of		January Children Control	<u> </u>			1b	Three-digit	
		NCE, M.D. PENSI	ON PLAN					plan number	14
							4	(PN) 🕨	· 1
				·			10	Effective date of plan 01/01/1997	
	•	nsor's name and a NCE, MD, PC	ddress (employer, if for single-	employer pl	an)		2b	Employer Identification (EIN) 13-4199073	n Number
22 PA	krkview	AVENUE					2c	Plan sponsor's teleph	
WES	THARRIS	SON, NY 10604					2d	Business code (see in	structions)
		inistrator's name a	nd address (if same as Plan s	ponsor, ent			3b	Administrator's EIN 13-4199073	
			WE	ST HARRIS	SON, NY	10604	3с	Administrator's teleph 914-684-2108	
						port filed for this plan, enter the	4b	EIN	
r	name, EIN	i, and the plan nun	nber from the last return/report	. Sponsor's	s name		4c	PN	
5a	Total nur	nber of participant	s at the beginning of the plan y	ear			5a		2
b	Total nun	nber of participant	s at the end of the plan year				5b		2
С	Total nun	nber of participant	s with account balances as of t	he end of th	ne plan y	ear (defined benefit plans do not			
							5c		у П.
						(See instructions.)ndent qualified public accountant (IQ		X	Yes No
D						ions.)			Yes No
		swered "No" to	either 6a or 6b, the plan cann	ot use For	m 5500-	SF and must instead use Form 55	00.		
Pa	rt III 📗 F	inancial Infor	mation						
7		ets and Liabilities		_		(a) Beginning of Year		(b) End of Ye	ar
а	Total plar	n assets			7a	584867	+		763465
b	•			<u> </u>	7b) -		0
			ne 7b from line 7a)		7c	58486	7		763465
8			insfers for this Plan Year	-		(a) Amount	-	(b) Total	
а		ions received or re lovers	eceivable irom:		8a(1)	**)		
	(2) Parti	cipants			8a(2)				
	(3) Other	rs (including rollov	ers)		8a(3))		
b	Other inc	ome (loss)			8b	178598	3		
С	Total inco	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c	_			178598
d			ect rollovers and insurance pre		8d	()	· ·	
е	Certain d	eemed and/or cor	ective distributions (see instru	ctions)	8e				
f	Administr	ative service provi	ders (salaries, fees, commission	ons)	8f	(
g	Other exp	oenses			8g	()		
h	Total exp	enses (add lines 8	d, 8e, 8f, and 8g)		8h		_ _		0
į		, , ,	line 8h from line 8c)	-	81				178598
ĺ	Transfers	to (from) the plan	(see instructions)		0:	l ,			

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Form 5500-SF 2009

Dart IV	Dian	Characteristics
Parity	PIAIL	CHARACTERSTICS

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	V Compliance Questions			·		
10	During the plan year:		Yes	No		Amount
а	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)	n 10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	1 10b		X		
С	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor dishonesty?	10d		Х		
е	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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		Х		
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				
Part	VI Pension Funding Compliance	_				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					X Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection	302 of	ERISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1					
b	Enter the minimum required contribution for this plan year		L	12b		
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length amount)			12d		
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 X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u></u>		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?			• • • • • • • • • • • • • • • • • • • •		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
					- X-J	
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble car	use is	establ	ished.	1
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.	eturn/re	port, ir	cluding	g, if applicat	
CICA	57/10 CELAA	Ac	Bird C	az n	1.13	
SIG(f individual signing as plan administrator				
	State of plan administrator Date / Enter hance of			Edi		
SIGN				7'		vrolon energe
,	Signature of employer/plan sponsor Date Enter name or	mulvidi	uai sig	iiing as	empioyer o	or plan sponsor

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: <u>CELINA A. PONCE</u>, <u>MD PENSION PLAN</u> EIN: <u>13-4199073</u>

PN: 00/

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).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Pension beliefit Guaranty Corporation	▶ File as an atta	chment to Form	5500 or	5500-SF.		_	
For calendar plan year 2009 or fisca	I plan year beginning 01/01/20	009		and ending	12/31/2	2009	
▶ Round off amounts to nearest	dollar.						
Caution: A penalty of \$1,000 will	be assessed for late filing of this re	eport unless reas	onable ca	use is established			
A Name of plan CELINA A. PONCE, M.D. PENSION	B Three-digit			004			
CELRYA AL FONCE, W.D. FENSION	plan number (PN) • 001						
C Plan sponsor's name as shown or	line 2a of Form 5500 or 5500-SF			D Employer Ide	entification	Number (F	=
CELINA À. PONCE, MD, PC						,	,
				13-4199073			
E Type of plan: Single Multi	iple-A Multiple-B	F Prior year pl	an size: 🛚	100 or fewer	101-500	More th	nan 500
Part I Basic Information						_	
1 Enter the valuation date:	Month 12 Day	31 Year <u>_</u>	2009	-			
2 Assets:				_			
a Market value					2a		763465
b Actuarial value					2b		763465
3 Funding target/participant coun	t breakdown		(1) N	umber of participa	nts	(2) F	unding Target
a For retired participants and	d beneficiaries receiving payment	3a			0		0
b For terminated vested part	ticipants	3b			1		8619
c For active participants:							
(1) Non-vested benefits		3c(1)					C
(2) Vested benefits		3c(2)					718354
(3) Total active		3c(3)			1		718354
d Total		3d			2		726973
4 If the plan is at-risk, check the b	pox and complete items (a) and (b)				·		
a Funding target disregarding	g prescribed at-risk assumptions	*************************			4a		
	t-risk assumptions, but disregarding				4b		
					5		6.00 %
6 Target normal cost					6		0
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation.	n supplied in this schedule and accompanying one. In my opinion, each other assumption is re	schedules, statements	and attachmaccount the e	ents, if any, is complete	and accurate	. Each prescrib	ed assumption was applied in
combination, offer my best estimate of antici		· -					
SIGN HERE	In My					10/08/20)10
	Signature of actuary					Date	
JOHN M. BURY, EA	olgitudio of actuary					08-0418	83
Typ	pe or print name of actuary			_	Most rece	ent enrollme	
BURY & ASSOCIATES, INC.	e of print hame of actuary				MOSt 1000	973-783-4	
	Firm name			Tele	phone nui	mber (inclu	ding area code)
26 PARK STREET MONTCLAIR. NJ 07042							
	Address of the firm		***	_			
If the actuary has not fully reflected an	y regulation or ruling promulgated	under the statute	in comple	eting this schedule	check the	e box and s	ee П

Pa	rt II	Beginning of yea	r carryov	er and prefunding bal	ances							
	l			<u> </u>	,	(a) (Carryover balance		(b)	Prefundii	ng balan	се
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)							0				
8								0				0
9												0
10												0
11				ed to prefunding balance:								
	a Excess contributions (Item 38 from prior year)								0			
	b Interest on (a) using prior year's effective rate of5.90 %								0			
				year to add to prefunding bala					0			
	d Port	tion of (c) to be added to	prefunding	balance					0			
12	Reduct	ion in balances due to el	ections or de	eemed elections				0	0			
13	Balance	e at beginning of current	year (item 9) + item 10 + item 11d – item	12)			0	0			
	art III	Funding percer			unai.			1	*******			
										14	105	5.02 %
							• • • • • • • • • • • • • • • • • • • •			15		5.02 %
16	 15 Adjusted funding target attainment percentage							o reduc	е	16).74 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17		%
	art IV	Contributions a	•			,			4			
18	Contrib	utions made to the plan	or the plan	year by employer(s) and emp	loyees:			-				
(8)	(a) Dat IM-DD-Y			(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(c) Amoui emplo		У
(17	IIVI-DD-1	TTT) citipioy	51(3)	епрюусса	(IVIIVI-DE	2-1111)	employer(s	,		етрк	lyccs	
									 			
						, -				1		P. F. T
									-			
									 	=		
									<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		Totals ▶	18(b)			18(c)			
19	Discour	ated employer contribution	ns — see ins	structions for small plan with a			ne heginning of the	Vear.				
, ,		* *						19a				0
· · · · · · · · · · · · · · · · · · ·												
	b Contributions made to avoid restrictions adjusted to valuation date											
20					ar adjusted	1 to valuation	ruate	190				0
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?											
									╡			
						a uniciy man	met (Г			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					
						:./						

Pa	rt V Assur	nptio	ns used to determine	funding target and target	normal cost						
21	Discount rate:										
	a ocginoni ratos.		1st segment: 5.32 %	2nd segment: 3rd segmen 6.45 % 6.69		,	N/A, full yield curve used				
	b Applicable	b Applicable month (enter code)									
22	Weighted aver	age re	tirement age			22	70				
23	Mortality table	s) (se	e instructions)	escribed - combined P	escribed - separate	Substitut	te				
Pa	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											
25	Has a method	chang	e been made for the current pl	lan year? If "Yes," see instruction	s regarding required attac	hment	Yes 🛚 No				
26	Is the plan requ	uired to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment	Yes X No				
27	,	-	, =-	nding rules, enter applicable code		27					
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years										
28	Unpaid minimu	ım reqi	uired contribution for all prior y	ears		28	0				
29	Discounted em	ployer	contributions allocated toward	d unpaid minimum required contr	butions from prior years	29	0				
30				ntributions (item 28 minus item 29		30	0				
Pa	rt VIII Minir	num	required contribution	for current vear	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
31				ructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31	0				
32	Amortization in	stallme	ents:		Outstanding Bala	ance	Installment				
	a Net shortfall	amort	ization installment			0	0				
	b Waiver amo	rtizatio	on 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						0				
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)					34	0				
	Carryover balance Prefunding ba					nce	Total balance				
35	Balances used	to offs	et funding requirement		0	0	0				
36	Additional cash	requi	rement (item 34 minus item 35	i)		36	0				
37			•	ontribution for current year adjust		37	0				
38	8 Interest-adjusted excess contributions for current year (see instructions)						0				
39	9 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)						0				
40	Unpaid minimum required contribution for all years						0				

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

- Summary of Plan Provisions

PLAN SPONSOR: CELINA A. PONCE, M.D.

EIN: 13-4199073

PLAN NAME: CELINA A. PONCE, M.D. PENSION PLAN

PLAN NUMBER: 001

COMPUTER ID: PON PLAN TYPE: DB

EFFECTIVE DATE : 01/01/97 VALUATION DATE : 12/31/09 PLAN YEAR END : 12/31/09 PLAN ENTRY DATE: 01/01/09

NORMAL RETIREMENT: AGE 65 AND 5 YEARS OF PARTICIPATION

ELIGIBILITY REQ: YEARS OF SERVICE REQUIRED: 1.00

MINIMUM AGE REQUIREMENT : 21.00

ENTRY ON THE NEXT ANNIVERSARY DATE AND SIX MONTHS AFTER

VEST SCHED YEAR: 0 1 2 3 4 5 6 7 8 9 10 11

0% 0% 20% 40% 60% 80% 100% 100% 100% 100% 100% 100%

BENEFIT FORMULA: 100.00% OF PAY

REDUCED BY MAXIMUM TAX REFORM ACT OFFSET

TOP HEAVY MINIMUM: 2.0% PER YEAR FROM 1997 PARTICIPATION

AVERAGE PAY FOR BENEFITS BASED ON HIGHEST 3 YEARS

ACCRUED BENEFIT BASED ON YEARS OF PARTICIPATION

ACC. BEN ACTUARIAL ASSUMPTIONS: VALUATION SEG1 SEG2 SEG3 PRE-RETIREMENT MORT: NONE NONE UP84 8 OTMA POST-RETIREMENT MORT: 6.00 PRE-RETIREMENT INTEREST: 5.32 6.45 6.69 1 POST-RETIREMENT INTEREST: 6.00 2009

NORMAL FORM OF BENEFIT: LIFE ANNUITY

ASSET VALUE AT MARKET: 763465

CREDIT BALANCE IN FSA: C

ASSET VALUATION BASIS: Market Value

ACTUARY'S STATEMENT:

The report made by the Schedule B is based in part on information provided to the actuary by another person. Such information would customarily not be verified by the actuary who has no reason to doubt it's substantial accuracy.

Schedule SB, line 22 - Description of Weighted Average Retirement Age:
All active participants assumed to retie at NRA