#### 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.

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending	12/31/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
C	Check box if filing under:	•	extension	,	DFVC program
	special extension (enter description		, exteriorer		
Dr					
	Name of plan	ation		1h	Three-digit
	NA A. PONCE, M.D. PENSION PLAN			''	nlan number
OLL.	WATER ONCE, MISER ENGINEER EN				(PN) ▶ 001
				1c	Effective date of plan
					01/01/1997
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
CELI	NA A. PONCE, MD, PC			20	(EIN) 13-4199073 Plan sponsor's telephone number
	ARKVIEW AVENUE			20	914-684-2108
WES	T HARRISON, NY 10604			2d	Business code (see instructions)
					621111
3a CFII	Plan administrator's name and address (if same as Plan sponsor, er NA A. PONCE, MD, PC 22 PARKVIEV	nter "Same W AVENU	e") F	3b	Administrator's EIN 13-4199073
<b>0</b>	WEST HARR	RISON, NY	10604	30	Administrator's telephone number
					914-684-2108
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DNI
52	Total number of norticinants at the hadisping of the plan year				
	Total number of participants at the beginning of the plan year				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 of complete this item)			. 5c	
	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of a		'		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year	\	(b) End of Year
a	Total plan assets	. 7a	76346		850605
b	Total plan liabilities	. 7b	7004	0	0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	76346	55	850605
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:  (1) Employers	8a(1)		0	
	(2) Participants			0	
	(3) Others (including rollovers)	8a(3)		0	
h	Other income (loss)		8714	10	
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	3		87140
c d	Benefits paid (including direct rollovers and insurance premiums	8c			30
u	to provide benefits)	8d		0	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses			0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
i	Net income (loss) (subtract line 8h from line 8c)	8i			87140
i	Transfers to (from) the plan (see instructions)			0	

	F	orm 5500-SF 2010	Page <b>2-</b>				
Pa	rt IV	Plan Characteristics					
9a	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 th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the I	ist of Plan Charac	teris	tic Cod	des in t	the instruc	ctions:	
art	٧	Compliance Questions								
0	Du	ring the plan year:				Yes	No		Amoun	ıt
а		is there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do			10b		X			
С	W	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?		•	10d		X			
е	ins	ere any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan? $\dots$			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		Χ			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i					
art	VI	Pension Funding Compliance		1						
11	ls ti	nis a defined benefit plan subject to minimum funding requirements?							X Y	es No
	(If " If a gra	this a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable, waiver of the minimum funding standard for a prior year is being amounting the waiver.	e.) mortized in this plar	ı year, see instruct	ions,	and e	nter th	e date of	the letter	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-		Г	12b			
		er the minimum required contribution for this plan year er the amount contributed by the employer to the plan for this plan y					12c			
	Sub	otract the amount in line 12c from the amount in line 12b. Enter the relative amount)	result (enter a minu	us sign to the left of	fa		12d			
е	_	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
art		Plan Terminations and Transfers of Assets	<u> </u>							
3a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		<u>.</u>			Y	es X No
	If "\	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?	nsferred to another	plan, or brought ur	nder 	the co	ntrol		Y	es X No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	pla	n(s) to				
1	3c(1	) Name of plan(s):				130	c(2) EI	N(s)	130	<b>(3)</b> PN(s)
:aut	ion·	A penalty for the late or incomplete filing of this return/report v	will he assessed i	ınless reasonable	Cal	se is	estahl	ished		
Jnde SB o	er pe r Sch	nalties of perjury and other penalties set forth in the instructions, I do nedule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.	leclare that I have e	examined this retur	n/rep	ort, in	cludin	g, if applic		
SIGI		Filed with authorized/valid electronic signature.	7/06/2011	JOHN BURY					-	
UED			_	_			_	_		

SIGN	Filed with authorized/valid electronic signature.	07/06/2011	JOHN BURY
HERE	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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								ment to For	n 5500 or	5500	-SF.					
For	caler	ndar p	lan year 2010	or fiscal plan y	ea	r beginning 0°	1/01/2010	)			and end	ing 12/3	1/201	0		
•	Roun	d off	amounts to r	nearest dollar.												
•	Cauti	on: A	penalty of \$1	,000 will be ass	es	sed for late filing o	of this repo	ort unless rea	sonable ca	ause i	s establish	ed.			•	
		of pla A. PO		ENSION PLAN						В	Three-dig	•		•	001	
															l	
C F	lan s	ponso	or's name as s	shown on line 2	а о	f Form 5500 or 55	00-SF			D	Employer	Identificat	ion N	lumber	(EIN)	
			NCE, MD, PC								-4199073				(=)	
Ет	уре с	f plan:	X Single	Multiple-A		Multiple-B		F Prior year	olan size:	X 100	O or fewer	101-50	00	More	than 500	
Pa	rt I	В	asic Inforn	nation												
1			valuation date		Лο	nth <u>12</u> [	Day <u>31</u>	Year	2010							
2	Ass	ets:														
	а	Mark	et value									2a				850605
	b	Actu	arial value									2b				850605
3	Fun	ding t	arget/participa	ant count break	dov	wn			<b>(1)</b> N	Numbe	er of partici	pants		(2)	Funding Targ	et
	а	For i	etired particip	ants and benef	icia	aries receiving pay	ment	3a				0				0
	b	For t	erminated ves	sted participant	s			3b				1				9039
	С		active participa					<u> </u>								
		(1)	Non-vested b	enefits				3c(1)	1							0
		(2)						2 (2)								761375
		` '										1				761375
	d	` '										2				770414
4						omplete items (a) a				П						
•		•	•			. ,	` ,			ш		4a				
	a			0 0.		ed at-risk assumpt						4a				
	b					mptions, but disre- e years and disrec										
5	Effe	ctive	interest rate									5				6.00 %
6	Tar	get no	rmal cost									6				0
;	o the laccorda	pest of rance with	h applicable law ar	information supplied	ор	this schedule and accominion, each other assumpence under the plan.										
	ERI													07/06/2	2011	
_	_	· <u> </u>		Signa	tur	e of actuary						_	_	Date		
JOH	NM.	BURY	, EA											11-04	183	
BUR	Y & <i>P</i>	\SSO(	CIATES, INC.		int	name of actuary				_		Most re		enrollm	nent number -4477	
				F	irn	n name				_	Т,	elephone	numh	er (incli	uding area cod	de)
		STRE AIR, N	ET IJ 07042	·		Thame						лорионо		701 (11101	danig aroa oo	,
				Addı	es	s of the firm				_						
If the	20tu	arv ha	e not fully roft	acted any rocul	2+i	on or ruling promu	laated un	der the statut	e in compl	oting	thic cohod:	ıle chook	the h	ov and	200	$\Box$
instru		-	S HOLIUMY IEM	coled any regul	all	on or running profflu	ıyaı <del>c</del> u uli	uci iiie sidilli	c in compl	Gurig	una suneul	ne, crieck	uie K	on allu	3 <del>55</del>	Ш

age	2-	1	

Schedule SB (Form 5500) 2010

Pa	rt II	Begin	ning of year	carryove	er and pi	efunding b	alances								
	•			-	_				(a)	Carryover baland	се	(b)	Prefundi	ng balar	nce
7		_	ning of prior year								0				0
8	Portion (	used to of	ffset prior year's	funding red	quirement (	Item 35 from pr	ior year)				0				0
9	Amount	remaining	g (Item 7 minus i	tem 8)							0				0
10	Interest	on item 9	using prior year	's actual re	turn of	<u>%</u>					0				0
11	Prior yea	ar's exces	ss contributions t	o be added	d to prefund	ding balance:									
	<b>a</b> Exce	ess contrib	outions (Item 38	from prior	year)										0
	<b>b</b> Inter	est on (a)	using prior year	's effective	rate of	5.90 <sub>%</sub>									0
	<b>C</b> Total	l available	at beginning of co	urrent plan	year to add	to prefunding ba	alance								0
	<b>d</b> Porti	ion of (c) t	to be added to pi	refunding b	alance										0
12	Reduction	on in bala	nces due to elec	tions or de	emed elect	ions					0				0
13	Balance	at beginr	ning of current ye	ear (item 9	+ item 10 +	- item 11d – iter	n 12)				0				0
P	art III	Fund	ling percenta	ages											
14	Funding	target att	tainment percent	age									14	11	0.41 %
15	Adjusted	d funding	target attainmen	t percentag	ge								15	11	0.41 %
16										ances may be use			16	10	5.02 %
17	If the cu	rrent valu	e of the assets o	f the plan i	s less than	70 percent of the	he funding	target,	enter	such percentage			17		%
Pa	art IV	Cont	ributions and	d liquidi	ty shorti	alls						•			
18	Contribu	utions mad	de to the plan for	the plan y	ear by emp	oloyer(s) and en	nployees:								
(1)	(a) Date		<b>(b)</b> Amount p			ount paid by		Date	00	(b) Amount		(	•	ınt paid l	ру
(IV	IM-DD-Y\	Y Y Y )	employer(	(S)	err	ployees	(IVIIVI-L	D-YY\	( Y )	employe	er(s)		empi	oyees	
							Totals	<b>•</b>	18(b)			18(c)			
19	Discoun	ted emplo	over contributions	s — see ins	tructions fo	r small nlan with			_ ` '	the beginning of t	he vear	10(0)			
	_														
					•					on date	H				
20			itions and liquidit			outon our on	. your adjuot	00 10 10	aiddiio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100				
_•		-	•	-		ar?					L			Yes	X No
	<b>b</b> If 20a	is "Yes,"	were required qu	uarterly ins	tallments fo	or the current ye	ear made in	a time	ly mai	nner?				Yes	No
	<b>C</b> If 20a	is "Yes,"	see instructions	and compl	ete the follo	owing table as a	applicable:								
				-	Liquidity	shortfall as of	end of Qua	rter of t	his pla	an year					
		(1) 1st			(2)	2nd			(3)	3rd			(4) 4tl	1	

Pa	rt V	Assumptio	ns used to determine	funding target and ta	rget n	ormal cost					
21	Discou	unt rate:									
	<b>a</b> Se	gment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used			
	<b>b</b> Ap	plicable month	(enter code)				21b	0			
22	Weigh	ted average ret	tirement age				22	69			
23	Mortali	ity table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	e			
Pa	rt VI	Miscellane	ous items								
24	Has a	change been m	nade in the non-prescribed ac			•					
25			e been made for the current pl								
			<u> </u>					<u></u>			
			provide a Schedule of Active				attacriment.	res no			
27		•	or (and is using) alternative fu	•			27				
Pa	rt VII	Reconcilia	ation of unpaid minimu	um required contribu	tions	for prior vears	•				
			uired contribution for all prior y	•		• •	28	0			
29			contributions allocated toward				29				
	(item 1	19a)									
30	Remai	ining amount of	unpaid minimum required co	ntributions (item 28 minus ite	em 29).		30	0			
Pa	rt VIII	Minimum	required contribution	for current year							
31	Target	t normal cost, a	djusted, if applicable (see inst	ructions)			31				
32	Amorti	ization installme	ents:			Outstanding Bala	ince	Installment			
	<b>a</b> Net	shortfall amorti	ization installment				0				
	<b>b</b> Wa	iver amortizatio	on installment				0	0			
33			approved for this plan year, er Day Year	•	_	0	33	0			
34		• .	ment before reflecting carryov				34	0			
				Carryover balance		Prefunding bala	nce	Total balance			
35	Balanc	ces used to offs	et funding requirement		0		0	0			
36	Additio	onal cash requir	rement (item 34 minus item 35	5)			36	0			
37			ed toward minimum required c	•	•		37				
38	Interes	st-adjusted exce	ess contributions for current ye	ear (see instructions)			38				
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of item 3	6 over i	tem 37)	39	0			
40	Unpaid	d minimum requ	uired contribution for all years				40	0			

# Filing Authorization for the 2010 Form 5500-SF

Name of Plan:

Celina A. Ponce, M.D. Pension Plan

EIN / PN:

13-4199073 / 001

Plan Year Ending:

12/31/2010

# PART I Authorization of Practitioner to Electronically Sign and File

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

I understand that in granting this authority that:

- I/we must manually sign the 5500-SF Forms and provide a scanned copy of that signature page to Bury & Associates, Inc.
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Bury & 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 Plan year end stated above.

Plan Administrator: Date: Date

# PART II Acknowledgement of Receipt of Authorization

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

For Bury & Associates, Inc.:		ī	Doto
	(signature and title)	1	Date:

The designated service provider must retain this authorization.

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

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

### 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

#### 2010

This Form is Open to Public Inspection

A This return/report is for:   single-employer plan   multiple-employer plan (not multiemployer)   one-participant plan   multiple-employer plan (not multiemployer)   one-participant plan   has treturn/report   short plan year return/report (less than 12 months)   one-participant plan   one-participant   one	B This return/report is for.	and ending	12/31/	/2010	
B This return/report is for;	an amended return/report   short plan year return/report   Sho	ot multiemployer)		☐ one-particip	ant plan
C Check box if filing under:	C Check box if filing under: Form 5558   automatic extension    Part II   Basic Plan Information—enter all requested information  1a Name of plan  CELINA A. PONCE, M.D. PENSION PLAN  2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, M.D. PENSION PLAN  2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, M.D. PC  22 PARKVIEW AVENUE  WEST HARRISON, NY 10604  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  CELINA A. PONCE, M.D. PC  22 PARKVIEW AVENUE  WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  6 Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b Are you claiming a waiver of the annual examination and report of an independent qualified public accomplete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead under 28 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)  1f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)  1f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead under 20 plan liabilities  1 Total plan liabilities  2 Total p				
C Check box if filing under:   Grown 5558   automatic extension   DFVC program	C Check box if filing under: Special extension [a pacial extension	ort (less than 12 m	onths)		
Part II   Basic Plan Information—enter all reguested information   1a   Name of plan   CELINA A   PONCE MD   PENSION PLAN   PENSION PLAN   CELINA A   PONCE MD   PENSION PLAN   PONCE MD   PENSION NUT   PENSION N	Part II Basic Plan Information—enter all requested information  1a Name of plan  CELINA A. PONCE, M.D. PENSION PLAN  2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, M.D. PC  22 PARKVIEW AVENUE  WEST HARRISON, NY 10604  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  CELINA A. PONCE, M.D. PC  22 PARKVIEW AVENUE  WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, et name, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Total number of participants at the end of the plan year.  6 Total number of participants at the end of the plan year.  6 Total number of participants at the end of the plan year.  7 Total number of participants at the end of the plan year.  8 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  8 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  9 Are you claiming a waiver of the annual examination and report of an independent qualified public accurater 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).  9 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-5F and must instead used to the plan assets.  7 Total plan assets.  7 Total plan assets.  7 Total plan assets.  7 Total plan assets.  8 Income, Expenses, and Transfers for this Plan Year  1 Contributions received or receivable from:  1 (1) Employers.  2 (2) Participants.  3 Others (including relievers).  8 Be  8 Cartal deemed and/or corrective distributions (see instructions).  8 Be  9 Cher expenses.  9 Other expenses.  9 Other expenses.  9 Other expenses.		,		am
10	2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, M.D. P.C  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 22 PARKVIEW AVENUE WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item)  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  b Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use that plan liabilities.  7 Plan Assets and Liabilities  a Total plan liabilities.  7 Net plan assets (subtract line 7b from line 7a).  7 Plan Assets and Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8a(1)  b Other income (loss).  7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  B See Cartain deemed and/or corrective distributions (see instructions).  9 Other expenses.  8 D Other expenses.  8 D Other expenses.  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).				am
10	2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, M.D. P.C  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 22 PARKVIEW AVENUE WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item)  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  b Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use that plan liabilities.  7 Plan Assets and Liabilities  a Total plan liabilities.  7 Net plan assets (subtract line 7b from line 7a).  7 Plan Assets and Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8a(1)  b Other income (loss).  7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  B See Cartain deemed and/or corrective distributions (see instructions).  9 Other expenses.  8 D Other expenses.  8 D Other expenses.  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).  8 D Other spenses (add lines 8d, 8e, 8f, and 8g).				
Pan   Pension Plan	2a Plan sponsor's name and address (employer, if for single-employer plan)  CELINA A. PONCE, MD, PC  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CELINA A. PONCE, MD, PC  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year.  b Total number of participants at the end of the plan year.  c Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  b Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use the plan passets and Liabilities  a Total plan assets.  7a  b Total plan assets (subtract line 7b from line 7a).  7 Plan Assets and Liabilities.  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8a(2)  (3) Others (including orlovers).  8a(3)  b Other income (loss).  8a(3)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  6 Certain deemed and/or corrective distributions (see instructions).  9 G Other expenses.  8 G Other expenses.  8 G Other expenses.  8 G Other expenses.  8 G Other spenses (add lines 8d, 8c, 8f, and 8g).  8 h Total expenses (add lines 8d, 8c, 8f, and 8g).		1b	Three-digit	
2a   Plan sponsor's name and address (employer, if for single-employer plan)   2b   Effective date of plan (10/11/1997)   2b   Effective date of plan (10/11/1997)   2c   Plan sponsor's name and address (employer, if for single-employer plan)   2c   Plan sponsor's telephone number (Plin)   3-4/199073   2d   Business code (see instructions)   2c   Plan sponsor's telephone number (Plin)   3-4/199073   2d   Business code (see instructions)   2c   Plan sponsor's telephone number (Plin)   3-4/199073   2d   Business code (see instructions)   2c   Plan sponsor's telephone number (Plin)   2c   Plan sponsor's (Plin)   2	3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CELINA A. PONCE, MD, PC  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "Mo" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use a total plan assets and Liabilities (a) Beginning of a Total plan liabilities.  7a Total plan liabilities.  7b Total plan liabilities.  7c Net plan assets (subtract line 7b from line 7a).  7c Net plan assets (subtract line 7b from line 7a).  7c Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  8a(1)  2) Participants.  8a(2)  30 Others (including rollovers).  8b Other income (loss).  8b  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8d  C Eretain deemed and/or corrective distributions (see instructions).  8e  C Cretain deemed and/or corrective distributions (see instructions).  8f  9 Other expenses.  8g  1 Total expenses (add lines 8d, 8c, 8f, and 8g).  8h			plan number	001
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22 PARKVIEW AVENUE WEST HARRISON. NY 19604  24 Business code (see instructions) 25 PARKVIEW AVENUE WEST HARRISON. NY 19604  35 Business code (see instructions) 26 Plan sponsor's telephone number 27 PARKVIEW AVENUE WEST HARRISON. NY 19604  36 Administrator's EIN 134 199073  37 Administrator's EIN 134 199073  38 Alaministrator's ein 134 199073  39 Administrator's EIN 134 199073  30 Administrator's EIN 134 199073  40 EIN  40 EIN 40 EI	3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CELINA A. PONCE, MD, PC  22 PARKVIEW AVENUE WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "Mo" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use a total plan assets and Liabilities (a) Beginning of a Total plan liabilities.  7a Total plan liabilities.  7b Total plan liabilities.  7c Net plan assets (subtract line 7b from line 7a).  7c Net plan assets (subtract line 7b from line 7a).  7c Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  8a(1)  2) Participants.  8a(2)  30 Others (including rollovers).  8b Other income (loss).  8b  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8d  C Eretain deemed and/or corrective distributions (see instructions).  8e  C Cretain deemed and/or corrective distributions (see instructions).  8f  9 Other expenses.  8g  1 Total expenses (add lines 8d, 8c, 8f, and 8g).  8h		10		
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2	3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  22 PARKVIEW AVENUE  WEST HARRISON, NY 10604  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ename, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b Are you claiming a waiver of the annual examination and report of an independent qualified public accurder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of the plan year (a) Amount of the plan year (defined benefit plan is p		2c	Plan sponsor's	telephone number
Sala   Plan administrator's name and address (if same as Plan sponsor, enter "Same")   22 PARK/VIEW AVENUE"   WEST HARRISON. NY 10604   3b   Administrator's telephone number   13 4 198073   3c   Administrator's telephone number   14 4 198073   3c   Administrator's telephone number   14 4 198073   3c   Administrator's telephone number   14 5 198073   3c   Administrator	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, en name, EIN, and the plan number from the last return/report. Sponsor's name  5a Total number of participants at the beginning of the plan year		2d		
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to Total number of participants at the end of the plan year	b Total number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year (defined benefit plan complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		4c	PN	
Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)  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 Total plan assets.  7a 763465  b Total plan liabilities.  7b 0 0 0  c Net plan assets (subtract line 7b from line 7a).  7c 763465  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8 a(2) 0  0 Other income (loss).  8 Benefits paid (including direct rollovers and insurance premiums).  8 Benefits paid (including direct rollovers and insurance premiums).	c Total number of participants with account balances as of the end of the plan year (defined benefit plar complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		5a		2
Contributions received or receivable from:  (1) Employers and Francisco for this Plan Year  (2) Participants  (3) Other income (loss)  (3) Other income (loss)  (4) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) and report of an independent qualified public accountant (IQPA) and report of an independent qualified public accountant (IQPA) and report of an independent qualified public accountant (IQPA) and report of an independent qualified public accountant (IQPA) and report of an independent qualified public accountant (IQPA). The set of the plan cannot use Form 5500-SF and must instead use Form 5500.  (a) Beginning of Year  (b) End of Year  (b) End of Year  (b) End of Year  (b) End of Year  (c) Participants (d) Amount (b) Total  (d) Amount (d) Total  (d) Amount (d) Total  (e) Participants (f) Employers (g) Other income (loss) (g) Other income (loss) (he wise instructions.) (e) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (f) Benefits paid (including direct rollovers and insurance premiums	Complete this fieth)  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		5b		2
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  For a province of the annual examination and report of an independent qualified public accountant (IQPA)  For a province of the plan's assets and examination and report of an independent qualified public accountant (IQPA)  For a province of the plan's assets and examination on waiver eligibility and conditions.  For a province of the plan's assets on the plan cannot use Form 5500-SF and must instead use Form 5500.  For a plan assets and Liabilities  For a province of the plan's assets and Liabilities  For a province of the plan's assets and Liabilities  For a province of the plan's assets and Liabilities  For a province of the plan's assets and transfers for this Plan year  For a province of the plan's assets and Liabilities  For a province of the plan's assets and transfers for this Plan year  For a province of the plan's assets and Liabilities  For a province of the plan's assets and transfers for this Plan year  For a province of the plan's assets and transfers for this Plan year  For a province of the plan's assets and transfers for this Plan year  For a province of the plan's assets and transfers for the plan cannot use Form 5500-SF and must instead use Form 5500.  For a province of the plan's assets and transfers form in the plan year of the plan assets and transfers form in the plan assets and transfers f	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	efit plans do not			
A reyour carming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  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  Total plan assets and Liabilities  (a) Beginning of Year  (b) End of Year  7a 763465  Financial Information  Total plan assets (subtract line 7b from line 7a)  Total plan assets and Liabilities  (b) End of Year  Total plan assets (subtract line 7b from line 7a)  Total plan assets and Liabilities  Total plan a	Are your carmination and report of an independent qualified public accurated by the conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of Total plan assets (subtract line 7b from line 7a).  6 Net plan assets (subtract line 7b from line 7a).  7 Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	`	_ 5c		M D
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	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use.  Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of a Total plan assets. 7a  b Total plan liabilities. 7b  C Net plan assets (subtract line 7b from line 7a). 7c  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (a) Employers. 8a(1)  (2) Participants 8a(2)  (3) Others (including rollovers). 8a(3)  b Other income (loss). 8b  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8e  f Administrative service providers (salaries, fees, commissions). 8f  g Other expenses. 8d  h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h	blic coccusts at 410	D 4 )		Yes   No
Plan Assets and Liabilities  Total plan assets	7 Plan Assets and Liabilities 7a 7b 7b 7c Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount 2 Contributions received or receivable from: (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 8b 7c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8c 8d 8e 8d 8e 8d		er north	***************************************	Yes No
7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a763465850605bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c7634658506058Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2) Participants8a(2)0(3) Others (including rollovers)8a(3)0bOther income (loss)8b87140cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c87140dBenefits paid (including direct rollovers and insurance premiums	7 Plan Assets and Liabilities 7 Total plan assets	tead use Form 55	00.		
Total plan assets	Total plan assets				
b Total plan liabilities	b Total plan liabilities 7b from line 7a) 7c  Responses, and Transfers for this Plan Year 7c  Below Income, Expenses, and Transfers for this Plan Year 7c  Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		5	(b) End	
Responses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	C Net plan assets (subtract line 7b from line 7a)				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers				
a Contributions received or receivable from: (1) Employers	a Contributions received or receivable from: (1) Employers			n =	
(2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       87140         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       87140         d Benefits paid (including direct rollovers and insurance premiums	(2) Participants 8a(2) (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		+	(b) To	otal
(3) Others (including rollovers)	(3) Others (including rollovers)	0	)		
b Other income (loss)	b Other income (loss)		_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		_		
d Benefits paid (including direct rollovers and insurance premiums	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	87140	)		
to provide benefits)	to provide benefits)				87140
	e Certain deemed and/or corrective distributions (see instructions)	0			
e Certain deemed and/or corrective distributions (see instructions) 8e	g Other expenses	0			
	h Total expenses (add lines 8d, 8e, 8f, and 8g)	0			
		0			
					0
Net income (loss) (subtract line 8h from line 8c)	Transfers to (from) the plan (see install the 8c)				87140
	Transfers to (from) the plan (see instructions)	0			

Form	FFAA	2-	001	^

	И	
Page 2-	11	
I age		

Part IV	Plan Characteristics	
railiv	Fian Characteristics	ì

- 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					Yes			
a	During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in							Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	10a		Х				
-	on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		Χ				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е	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.)							
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	of year end.)		10g		X		
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)	ee instructions and	29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or	one of the	10i				***************************************
Part								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	nts? (If "Yes," see in	structions and com	plete S	Schedi	ule SB	(Form	▼ Yes  No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of secti	on 412 of the Code	or soc	tion 3	02 of E	DICAS	Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	nla )	on 412 of the code	UI SEC	.11011 3	UZ 01 E	INIOA?	☐ 1e2 ☐ 140
a	If a waiver of the minimum funding standard for a prior year is being	amortized in this of	an vear see instruc	tione	and o	ator the	a data of th	o lottor relina
	granting the waiver		Mont	h	and Ci	Day	e date of th	Year
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	VIB (Form 5500), a	nd skip to line 13.					
b	Enter the minimum required contribution for this plan year	•••••				12b		
С	Enter the amount contributed by the employer to the plan for this plan	n year				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	ne result (enter a mi	nus sign to the left o	of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?.				Г	Yes	No N/A
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior ve	ar?					☐ Yes ☒ No
	If "Yes," enter the amount of any plan assets that reverted to the emp	player this year	ai :		13a			l les   No
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ansferred to another	er nlan or brought u	nder t	20.00	trol		☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify the	e plan	(s) to			Yes No
13	c(1) Name of plan(s):				130	(2) EIN	l(e)	13c(3) PN(s)
					100	( <u>~)</u> Lii	1(3)	130(3) F14(5)
Cautio	n: A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonable	Calle	e is o	stablic	hod	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	evamined this return	nlrono	rt inc	ludina	if andline	ole, a Schedule nowledge and
SIGN HERE	Clue up	87/01/n	CELINA A	, p	ON	CE	m.D.	
TILKE	Signature of plan administrator Date Enter name of individual signing as plan administra					istrator		
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of ind	lividua	l sianii	ng as e	emplover o	r nlan snonsor

#### 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

2010

This Form is Open to Public Inspection

▶ File as an attachme	nt to Form	5500 or 5	500-SF.			
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010			and endi	ng 12/31	2010	
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	unless reaso	onable cau	se is establishe	ed.		
A Name of plan CELINA A. PONCE, M.D. PENSION PLAN			B Three-dig plan num		•	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CELINA A. PONCE, MD, PC			D Employer 13-4199073	dentification	on Numb	er (EIN)
E Type of plan: Single Multiple-A Multiple-B	Prior year pla	an size: X	100 or fewer	101-50	ОМ	ore than 500
Part I Basic Information					Age - Control Control	
1 Enter the valuation date: Month 12 Day 31	Year 2	2010				
2 Assets:						
a Market value				2a		850605
b Actuarial value				2b		850608
Funding target/participant count breakdown		1	mber of partici			(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	(1)110	moor or paraor	0		( <b>-</b> ) : arranng ranger (
b For terminated vested participants				1		9039
C For active participants:						
(1) Non-vested benefits	3c(1)					(
(2) Vested benefits	0 (0)					76137
(3) Total active				1		761375
d Total	0.1			2		770414
4 If the plan is at-risk, check the box and complete items (a) and (b)			1			
(-)		L		4a		
a Funding target disregarding prescribed at-risk assumptions						
b Funding target reflecting at-risk assumptions, but disregarding trans at-risk for fewer than five consecutive years and disregarding loadi	ng factor			4b		
5 Effective interest rate				5	- AW	6.00 %
6 Target normal cost				6		(
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonat combination, offer my best estimate of anticipated experience under the plan.						
SIGN Ahr					07/0	06/2011
JOHN M. BURY, EA					Da 11-	te -04183
Type or print name of actuary BURY & ASSOCIATES, INC.				Most re		ollment number 783-4477
Firm name 26 PARK STREET MONTCLAIR, NJ 07042			Te	elephone r	umber (i	ncluding area code)
Address of the firm	e and the same of					
If the actuary has not fully reflected any regulation or ruling promulgated under	. H J. J. J.		Cara Haira - Francis	da ak d	h a b	

	rt II Beginning of year	carryover and prefunding ba	liances							
							(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	0						0		
9	Amount remaining (Item 7 minus	. 0					0			
10	Interest on item 9 using prior year	0								
11		to be added to prefunding balance:								
	a Excess contributions (Item 38 from prior year)						0			
		nr's effective rate of5.90 %								0
		current plan year to add to prefunding ba								0
		prefunding balance								0
12		ctions or deemed elections				0			***************************************	C
		rear (item 9 + item 10 + item 11d – item				0				0
	The second secon									
	art III Funding percent						Т	14	110	.41 %
	<u> </u>	ntage						15		.41 %
		nt percentage								70
10		or purposes of determining whether ca						16	105	.02 %
17		of the plan is less than 70 percent of the						17		%
		nd liquidity shortfalls								
		or the plan year by employer(s) and en	nlovees.		<u> </u>					
10	(a) Date (b) Amount		(a) Da							v
(N					(b) Amount paid	by	(0	:) Amou	nt paid b	y
		r(s) employees	(MM-DD-		(b) Amount paid employer(s)	by	(0		nt paid b	у
		r(s) employees				by	(0			у
		r(s) employees				by	(0			у
		r(s) employees				by	(0			y
		r(s) employees				by	(c			y
		r(s) employees				by	(c			y
		r(s) employees				by	(c			
		r(s) employees				by	18(c)			y
19	Discounted employer contribution		(MM-DD-	18(b)	employer(s)					y
19		ns – see instructions for small plan with	(MM-DD-	18(b)	employer(s)					
19	a Contributions allocated toward	ns – see instructions for small plan with	Totals ▶  a valuation de from prior year	18(b)	e beginning of the y	ear:				y
19	<ul><li>a Contributions allocated toward</li><li>b Contributions made to avoid re</li></ul>	ns – see instructions for small plan with a unpaid minimum required contribution estrictions adjusted to valuation date	Totals ▶  a valuation d  from prior ye.	18(b) ate after th	e beginning of the y	ear:				
	<ul> <li>a Contributions allocated toward</li> <li>b Contributions made to avoid re</li> <li>c Contributions allocated toward re</li> </ul>	ns – see instructions for small plan with I unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current	Totals ▶  a valuation d  from prior ye.	18(b) ate after th	e beginning of the y	ear:				
19	<ul> <li>a Contributions allocated toward</li> <li>b Contributions made to avoid re</li> <li>c Contributions allocated toward re</li> <li>Quarterly contributions and liquid</li> </ul>	ns – see instructions for small plan with unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current dity shortfalls:	Totals   a valuation d  from prior year	18(b) late after th	e beginning of the y	ear: 19a 19b	18(c)	emple	pyees	7
	a Contributions allocated toward     b Contributions made to avoid re     c Contributions allocated toward re     Quarterly contributions and liquid     a Did the plan have a "funding seeper se	ns – see instructions for small plan with a unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current dity shortfalls:	Totals   a valuation d  from prior year	18(b) ate after the arsto valuation	e beginning of the y	ear: 19a 19b	18(c)	emple	] Yes [	No
	<ul> <li>a Contributions allocated toward</li> <li>b Contributions made to avoid re</li> <li>c Contributions allocated toward re</li> <li>Quarterly contributions and liquid</li> <li>a Did the plan have a "funding se</li> <li>b If 20a is "Yes," were required</li> </ul>	ns – see instructions for small plan with a unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current dity shortfalls: hortfall" for the prior year?	Totals ►  n a valuation d  n from prior year  year adjusted  ear made in a f	18(b) ate after the arsto valuation	e beginning of the y	ear: 19a 19b	18(c)	emple	pyees	7
	<ul> <li>a Contributions allocated toward</li> <li>b Contributions made to avoid re</li> <li>c Contributions allocated toward re</li> <li>Quarterly contributions and liquid</li> <li>a Did the plan have a "funding se</li> <li>b If 20a is "Yes," were required</li> </ul>	ns – see instructions for small plan with a unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current dity shortfalls: hortfall" for the prior year?	Totals   n a valuation de from prior year adjusted ear made in a supplicable:	18(b) late after the arsto valuation	e beginning of the y	ear: 19a 19b	18(c)	emple	] Yes [	No
	<ul> <li>a Contributions allocated toward</li> <li>b Contributions made to avoid re</li> <li>c Contributions allocated toward re</li> <li>Quarterly contributions and liquid</li> <li>a Did the plan have a "funding se</li> <li>b If 20a is "Yes," were required</li> </ul>	ns – see instructions for small plan with a unpaid minimum required contribution estrictions adjusted to valuation date ninimum required contribution for current dity shortfalls: hortfall" for the prior year?	Totals   n a valuation de from prior year adjusted ear made in a supplicable:	18(b) late after the arsto valuation	e beginning of the y date	ear: 19a 19b	18(c)	emple	Yes [	No

P	art V Assumption	ons used to determine f	unding target and tar	get normal cost					
21	Discount rate:		0 0	ger normal ooot					
	a Segment rates:	Segment rates:         1st segment: 4.60 %         2nd segment: 6.65 %         3rd segment: 6.76			ent: 6 %	N/A, full yie	ld curve	used	
	<b>b</b> Applicable month	n (enter code)			21b			0	
_22	Weighted average re	etirement age			22			69	
23	Mortality table(s) (se	ee instructions) Pre	scribed - combined	Prescribed - separate	Substitut	te			
Pa	art VI Miscellane	eous items		-					
24	Has a change been attachment	made in the non-prescribed actu					ed Yes	No No	
25	Has a method chang	ge been made for the current pla	an year? If "Yes," see instruc	tions regarding required a	ttachment		Yes	No	
26	Is the plan required t	to provide a Schedule of Active I	Participants? If "Yes," see in	structions regarding requi	ed attachment.	Г	Yes	No No	
27	If the plan is eligible	for (and is using) alternative fun-	ding rules, enter applicable of	onde and soo instructions	27		] .00		
Pa		iation of unpaid minimu							
28	Unpaid minimum req	uired contribution for all prior ye	ears		28			0	
29	Discounted employer	r contributions allocated toward	unpaid minimum required co	ntributions from prior year				-	
30	Remaining amount of	f unpaid minimum required cont	ributions (item 28 minus iten	າ 29)	30	(			
		required contribution for							
31		adjusted, if applicable (see instru			31				
32	Amortization installment	ents:		Outstanding E		Installi	mont		
	a Net shortfall amort	tization installment			0	motani	nent	0	
	<b>b</b> Waiver amortization	0			0				
33	If a waiver has been a	approved for this plan year, ente Day Year	er the date of the ruling letter	granting the approval	33				
34	Total funding requirer	ment before reflecting carryover/	/prefunding halances (item 3	1 + itam 22a + itam 22h	34			0	
			Carryover balance	Prefunding ba	nlanco	Tatalla			
35	Balances used to offs	et funding requirement		0	0	Total ba	lance		
36		rement (item 34 minus item 35)					0.000.000.000	0	
37	Contributions allocate	d toward minimum required con	tribution for current year adia	isted to valuation data					
38	Interest-adjusted exce	38			0				
39	Unpaid minimum requ	ired contribution for current yea	r (excess, if any, of item 36 of	over item 37)	39			0	
40	Unpaid minimum requ	ired contribution for all years			40			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 : 12/31/10 PLAN YEAR END : 12/31/10 PLAN ENTRY DATE: 01/01/10

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 VALUATION SEG1 SEG2 SEG3 ACTUARIAL ASSUMPTIONS: NONE PRE-RETIREMENT MORT: NONE AMT10 POST-RETIREMENT MORT: UP84 4.60 6.65 6.76 PRE-RETIREMENT INTEREST: 6.00 1

POST-RETIREMENT INTEREST: 6.00 2010

NORMAL FORM OF BENEFIT: LIFE ANNUITY

ASSET VALUE AT MARKET: 850605

CREDIT BALANCE IN FSA: 0

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

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

Plan Name: CELING A. PONCE, MD PENSION PLAN

EN: 13-4199073

PN: 001

Each participant is assumed to retire at his/her normal retirement age. 50% of active participants are presumed to retire at age 65 with

PRINCIPAL PRESUMBO TO RETIRE AT AGE 71,