### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CELINA A. PONCE, M.D. PENSION PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CELINA A. PONCE, MD, PC 13-4199073 (EIN) 2c Sponsor's telephone number 914-684-2108 22 PARKVIEW AVENUE 22 PARKVIEW AVENUE WEST HARRISON, NY 10604 WEST HARRISON, NY 10604 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 22 PARKVIEW AVENUE 13-4199073 CELINA A. PONCE, MD, PC WEST HARRISON, NY 10604 3c Administrator's telephone number 914-684-2108 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 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 accountant (IQPA) Yes under 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 Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 850605 824987 Total plan assets..... 7a 0 7b Total plan liabilities..... 850605 824987 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -25618 **b** Other income (loss)..... 8b -25618 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -25618 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

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Page 2 -	1
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Part IV	Plan	Charact	tarietice

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

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

Part	Compliance Questions						
0	During the plan year:		Yes	No	Α	mount	
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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)		X				
f	Has the plan failed to provide any benefit when due under the plan?	X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction (	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMor	ıth					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г				
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 year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 the which assets or liabilities were transferred. (See instructions.)	he plar	n(s) to	)			_
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned to the completed and signed by an enrolled actuary, as well as the electronic version of this returned, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	09/06/2012	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

# 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

2011

This Form is Open to Public Inspection

							File as a	an attacl	hmeı	nt to Form	5500 or	5500	·SF.						
For	caler	ndar p	lan year 2	)11 d	or fiscal plan	yea	r beginning 0	1/01/201	1				and end	ing 1	12/31/2	2011			
					earest dollar 000 will be as		ssed for late filing o	of this rep	oort u	ınless reas	onable ca	ause i	s establish	ied.					
	lame INA /			. PEI	NSION PLAN							В	Three-di	0	PN)	•		001	
			or's name a		nown on line 2	2a d	of Form 5500 or 55	00-SF				<b>D</b>	Employer -4199073	Identit	fication	n Num	nber (E	ΞIN)	
Ет	ype o	f plan	: X Singl	е	Multiple-A		Multiple-B		F P	Prior year pla	an size:	X 100	or fewer	10	1-500	N	Nore th	nan 500	
P	rt I	R	asic Info	rm	ation		_				•			_					
1			valuation			Мс	onth <u>01</u> [	Day0	1	Year	2011								
2	Ass	ets:																	
	а	Mark	et value											2	а				850605
	b	Actu	arial value											2	b				850605
3	Fun	ding t	arget/parti	cipar	nt count break	kdo	wn:				(1) N	Numbe	er of partic	ipants			<b>(2)</b> F	Funding Targ	et
	а	For	retired par	icipa	ants and bene	fici	aries receiving pay	ment	[	3a					0				0
	b	For	terminated	vest	ted participan	ts.				3b					1				10008
	С	For	active part	cipa	nts:				ī										
		(1)	Non-veste	ed be	enefits					3c(1)									0
		(2)	Vested be	enefi	ts					3c(2)									832738
		(3)	Total activ	/e						3c(3)					1				832738
	d									3d					2				842746
4	If the	e plar	n is in at-ris	k sta	atus, check th	e b	oox and complete li	nes (a) a	and (b	b)									
	а	Func	ding target	disre	egarding pres	crit	oed at-risk assumpt	tions						4	а				
	b						umptions, but disrensecutive years and								b				
5	Effe	ctive	interest ra	е										5					5.50 %
6	Targ	get no	rmal cost.											6	5				0
S	Γο the baccorda	pest of rance with ation, of	h applicable la	, the in	nformation supplied regulations. In m	ny op	this schedule and accompinion, each other assumpence under the plan.									expect		and such other a	
		-			Sign	atı ı	re of actuary					_	-				ate	- <del>-</del>	
JOH	N M.	BURY	, EA		Sign	alu	ie or actuary										1-041	83	
BUR	Y & A	SSO	CIATES, II	NC.	Type or p	rint	name of actuary							Мо	st rece			ent number 3-4477	
	WES		HESTNUT 183	STR		Firi	m name		_				T	elepho	one nui	mber	(inclu	ding area co	de)
					Add	dres	ss of the firm					_							
If the	actua	ary ha	s not fully	refle	cted any regu	ılat	ion or ruling promu	lgated ur	nder	the statute	in compl	leting	this sched	ule, ch	eck the	e box	and s	see	П
	ctions	•	,		, 5		51	_			•	3							Ш

Page 2	2 - 1
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Schedule SB (Form 5500) 2011

Pa	art II	Begir	ning of year	carryov	er and prefunding ba	lances							
						-	(a) (	Carryover balance		(b) i	Prefundi	ng balance	
7		_			icable adjustments (line 13 f	-			0				0
8			•	-	funding requirement (line 35				0				0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0	0			
10	Interest	t on line 9	using prior year's	s actual re	turn of5.90%				0				0
11	Prior ye												
	<b>a</b> Pre	sent valu				0							
	<b>b</b> Inte				0								
	<b>C</b> Tota	al availabl	e at beginning of cu	urrent plan	year to add to prefunding bala	nce							0
	<b>d</b> Por	tion of (c)	) to be added to pr	efunding l	palance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ar (line 9	+ line 10 + line 11d – line 12	)			0				0
P	art III	Fun	ding percenta	ages			_						
14	Funding	g target a	attainment percent	age							14	100.93	%
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	100.93	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce												110.41	%
17					is less than 70 percent of the						17	(	%
Pa	art IV	Con	tributions and	d liquidi	ity shortfalls								
18	Contrib				vear by employer(s) and emp	oloyees:							
//	(a) Dat		(b) Amount pa		(c) Amount paid by	(a) D		(b) Amount pa		(0		int paid by	
(IV	1M-DD-Y	111)	employer(	(S)	employees	(MM-DD	-	employer(	S)	employees			
										+			
						Totals ▶	18(b)			18(c)			
19	Discou	nted emp	loyer contributions	s – see ins	structions for small plan with	a valuation	date after tl	he beginning of the	year:				
	<b>a</b> Cont	ributions	allocated toward u	unpaid mir	nimum required contributions	from prior y	ears		19a				
	<b>b</b> Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b				
	<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c				
20	Quarte	rly contrib	outions and liquidit	y shortfall:	s:								
	<b>a</b> Did t	he plan h	nave a "funding sh	ortfall" for	the prior year?							Yes X No	<u>—</u>
	<b>b</b> If 20	a is "Yes,	" were required qu	uarterly ins	stallments for the current year	ır made in a	timely mar	nner?				Yes No	5
	<b>C</b> If 20	a is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:							
		(4) 4	)+ I		Liquidity shortfall as of e	nd of quarte		•			(4) 4:1		
		(1) 19	ot .		(2) 2nd		(3)	3rd			(4) 4tl	I	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	<b>a</b> S	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used
	<b>b</b> A	pplicable month	(enter code)					21b	0
22								22	69
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
Da		Miscellane	_	_	L		· · · · · · · · · · · · · · · · · · ·		
				od oot	uarial assumptions for the c	ırront	plan year? If "Van " and	inatruotiana	regarding required
		•	•		uariai assumptions for the co		•		· · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
	rt VII		· · · · · · · · · · · · · · · · · · ·		m required contribut		• •		
					years			28	0
29					l unpaid minimum required o		· · ·	29	
30	Rema	aining amount of	f unpaid minimum requir	ed con	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	<b>a</b> Tai	rget normal cost	(line 6)					31a	
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
		3 - 4		,	Carryover balance		Prefunding bala		Total balance
35	Balan	acce clasted for a	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Janes Grand		
33						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	0
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	
38			ess contributions for curr					1	
								38a	0
					prefunding and funding star			38b	0
39					ear (excess, if any, of line 36		-	39	0
40							,	40	0
	rt IX				nsion Relief Act of 20			1 1	
					irsuant to an alternative amo		<u></u>		
			<del>_</del>					Г	2 plus 7 years 15 years
40		, , , ,	,		41a was made				8 2009 2010 2011
								42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

# **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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachm	nent to Form	5500 or	5500-SF.				
Fo	r calendar plan year 2011 or fiscal plan year beginning 01/01/2011			and end	ing 12/3	1/2011		
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reaso	nable ca	use is establish	ed.			T
	Name of plan LINA A. PONCE, M.D. PENSION PLAN			B Three-di	git nber (PN)	,	,	001
						TA S		
_	Dian ananada nama sa ahaum an lina 2a af Earm EEOO ar EEOO CE			D Employer	Identificati	on Nu	mbor /E	CINIX
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			13-4199073	identificati	OII ING	iibei (L	
E	Type of plan: Single Multiple-A Multiple-B	Prior year pla	n size: 🛚	100 or fewer	101-50	00 [	More th	an 500
P	art I Basic Information							
1	Enter the valuation date: Month 01 Day 01	Year 2	011	_				
2	Assets:							
	a Market value				2a			850605
	b Actuarial value				2b			850605
3	Funding target/participant count breakdown:		(1) N	umber of partic	ipants		(2) F	unding Target
	a For retired participants and beneficiaries receiving payment	3a			0			0
	b For terminated vested participants	3b			1			10008
	C For active participants:							
	(1) Non-vested benefits							0
	(2) Vested benefits			12.79				832738
	(3) Total active	3c(3)			1			832738
	d Total				2			842746
4	If the plan is in at-risk status, check the box and complete lines (a) and	d (b)					Willied .	
	a Funding target disregarding prescribed at-risk assumptions				4a			
	b Funding target reflecting at-risk assumptions, but disregarding tra at-risk status for fewer than five consecutive years and disregarding							
5	Effective interest rate			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5			5.50 %
6	Target normal cost				6			0
	To the best of my knowledge, the information supplied in this schedule and accompanying scheraccordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.  SIGN	dules, statements nable (taking into a	and attachm count the e	nents, if any, is comp experience of the pla	lete and accur n and reasona	ble expe	ctations) a	and such other assumptions, in
	HERE from Pry			_			)8/27/20	J12
100	Signature of actuary						Date	22
JO	HN M. BURY, EA						11-0418	
BU	Type or print name of actuary RY & ASSOCIATES, INC.				Most re		enrollme 973-783	ent number 3-4477
	Firm name 55 WEST CHESTNUT STREET IION, NJ 07083				elephone	numbe	r (includ	ding area code)
-	Address of the firm			-				
If th	e actuary has not fully reflected any regulation or ruling promulgated und	er the statute	in comple	eting this sched	lule, check	the bo	x and s	ее П
				- 1552 - 1552				

7 5		er and prefunding ba		(a) Ca	arryover balance		(b) F	refundin	g balance
	inning of prior year after appl					0			
	for use to offset prior year's	시민이 아이를 가게 되는 것이 하면 가득하다 것 같아요? 사이를 하게 되었다고 그렇다.				0			
9 Amount remain	ning (line 7 minus line 8)					0			
10 Interest on line	9 using prior year's actual re	turn of5.90%				0			
11 Prior year's exc	cess contributions to be adde	d to prefunding balance:							
a Present val	ue of excess contributions (li	ne 38 from prior year)							
	(a) using prior year's effective provided (see instructions)								
C Total availab	ble at beginning of current plan	year to add to prefunding bal	ance			in Table			
<b>d</b> Portion of (	c) to be added to prefunding	balance				34.39			
12 Other reduction	ns in balances due to election	ns or deemed elections				0			
13 Balance at beg	inning of current year (line 9	+ line 10 + line 11d – line 12	2)			0			
Part III Fui	nding percentages								
	attainment percentage							14	100.93
15 Adjusted fundir	ng target attainment percenta	ge						15	100.93
	nding percentage for purpose funding requirement							16	110.41
17 If the current va	alue of the assets of the plan	is less than 70 percent of th	e funding target	, enter su	ch percentage			17	
Part IV Co	ntributions and liquid	ity shortfalls							
	nade to the plan for the plan		plovees:						
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date		(b) Amount pa		(0		nt paid by
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-Y	(YY)	employer(	s)		emplo	yees
	<del> </del>			_					
			Totals ▶	18(b)			18(c)		
19 Discounted em	nployer contributions – see in:	structions for small plan with			beginning of the	e year:	18(c)		
	nployer contributions – see ins		a valuation dat	e after the		year:	18(c)		
a Contribution		nimum required contribution	a valuation dat s from prior yea	e after the			18(c)		
<b>a</b> Contribution: <b>b</b> Contribution:	s allocated toward unpaid mi s made to avoid restrictions a	nimum required contribution adjusted to valuation date	a valuation dat s from prior yea	e after the		19a	18(c)		
a Contributions b Contributions c Contributions	s allocated toward unpaid mi	nimum required contribution adjusted to valuation date quired contribution for current	a valuation dat s from prior yea	e after the		19a 19b	18(c)		
a Contribution b Contributions c Contributions 20 Quarterly contr	s allocated toward unpaid mi is made to avoid restrictions a s allocated toward minimum red ributions and liquidity shortfal	nimum required contribution adjusted to valuation date quired contribution for current ls:	a valuation dat is from prior yea year adjusted to	e after the	date	19a 19b 19c			Yes X N
a Contribution b Contribution c Contributions 20 Quarterly contr a Did the plan	is allocated toward unpaid mi is made to avoid restrictions a s allocated toward minimum red ributions and liquidity shortfall have a "funding shortfall" for	nimum required contribution adjusted to valuation date quired contribution for current ls: the prior year?	a valuation dat is from prior yea year adjusted to	e after the	date	19a 19b 19c		-	Yes N Yes N
a Contribution b Contributions c Contributions 20 Quarterly contr a Did the plan b If 20a is "Ye	is allocated toward unpaid mi is made to avoid restrictions a s allocated toward minimum red ributions and liquidity shortfall have a "funding shortfall" for its," were required quarterly in	nimum required contribution adjusted to valuation date quired contribution for current ls: the prior year?stallments for the current ye	a valuation dat is from prior yea year adjusted to ear made in a tin	e after the	date	19a 19b 19c		-	H.
a Contribution b Contributions c Contributions 20 Quarterly contr a Did the plan b If 20a is "Ye	is allocated toward unpaid mi is made to avoid restrictions a s allocated toward minimum red ributions and liquidity shortfall have a "funding shortfall" for	nimum required contribution adjusted to valuation date quired contribution for current ls: the prior year?stallments for the current ye	a a valuation dat is from prior yea year adjusted to ear made in a tin applicable:	e after the	date	19a 19b 19c		-	H.

Pa	irt V	Assumptio	ns used to determine f	unding target and targ	et normal cost				
21	Disco	ount rate:						,,,,,	
	a s	egment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment 6.46 9		N/A, full yiek	d curve	used
	<b>b</b> A	pplicable month	(enter code)			21b			0
22			tirement age			22			69
23	Morta	ality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitu	te		
Pa	rt VI	Miscellane	ous items						
3.51.350	Has a	a change been n	nade in the non-prescribed act					1	⊠ No
25			e been made for the current pl					Yes	No No
_			provide a Schedule of Active					Yes	No No
						attacriment		res	No.
-	regar	ding attachment	or (and is using) alternative fu			27			-y
Pa			ation of unpaid minimu						
28			uired contributions for all prior			28			0
29			contributions allocated toward			29			
30	Rema	aining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 2	9)	30			0
Pa	rt VIII	Minimum	required contribution	for current year					
31	Targ	et normal cost a	nd excess assets (see instruct	ions):					
	<b>a</b> Ta	rget normal cost	(line 6)			31a			
	b Ex	cess assets, if a	applicable, but not greater than	31a		31b			
32	Amor	tization installme	ents:		Outstanding Bal	ance	Installr	nent	
	a Ne	et shortfall amort	tization installment			0			0
	b w	aiver amortization	on installment			0			0
33			approved for this plan year, en			33			D
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding		0	0			0
36	Addit	ional cash requi	rement (line 34 minus line 35)			36			0
37	Conti	ributions allocate	ed toward minimum required co	ontribution for current year adj	usted to valuation date	37			
38			ess contributions for current ye			1			
			ny, of line 37 over line 36)			38a			0
			line 38a attributable to use of			38b			0
39			uired contribution for current y	The second secon		39			0
40			uired contributions for all years			40			0
	rt IX		funding relief under Pe		STREET TO THE THE TREET THE				
-			tion base is being amortized p						
	70 Bank					Г	2 plus 7 years	15	years
_	Vicential at		s) for which the election in line						2011
40						42			ar Challe
			on adjustment			43			
43	Exces	ss installment ac	celeration amount to be carrie	u over to ruture plan years		1 70			

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 : 01/01/11 PLAN YEAR END : 12/31/11 PLAN ENTRY DATE: 01/01/11

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

ACTUARIAL ASSUMPTIONS: ACC. BEN SEG2 VALUATION SEG1 SEG3 PRE-RETIREMENT MORT: NONE NONE POST-RETIREMENT MORT: UP84 AMT11 2.94 5.82 6.46 PRE-RETIREMENT INTEREST: 6.00 1 POST-RETIREMENT INTEREST: 6.00 2011 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: CELINA A\_ PONCE, MD PENSION PLAN

EIN: 13-4199073

PN: 001

Each participant is assumed to retire at his/her normal retirement age.

100% of active participants are presumed to retire at age 65 with

PRINCIPAL ASSUMED TO REPIRE AT 71.

# Filing Authorization for the 2011 Form 5500-SF

Name of Plan: Celina A. Ponce, M.D. Pension Plan

EIN / PN: 13-4199073 / 001

PYE: 12/31/11

# 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:

Employer/Plan Sponsor (if not the Plan Administrator):

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.:

(signature and titl

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

### Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
АТ	This return/report is for: a single-employer plan	a multiple-en	nployer plan (not multiemployer)		a one-participant plan			
			rn/report					
		a short plan y	rear return/report (less than 12 mo	onths)				
•		2. 12	4, <sub>22</sub> N B	oriers)	D DEV6			
<b>C</b>	Check box if filing under: Form 5558	automatic ex	tension		DFVC program			
	special extension (enter description							
	rt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
CELIN	IA A. PONCE, M.D. PENSION PLAN				plan number (PN) • 001			
				10	Effective date of plan			
				10	01/01/1997			
2a	Plan sponsor's name and address; include room or suite number (e	mplover, if for	a single-employer plan)	2b	Employer Identification Number			
	NA A. PONCE, MD, PC				(EIN) 13-4199073			
				2c	Sponsor's telephone number			
22 PA	RKVIEW AVENUE 22 PARKVIE	W AVENUE			914-684-2108			
	HARRISON, NY 10604 WEST HARR		0604	2d	Business code (see instructions)			
					621111			
3a	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's EIN			
CELIN	IA A, PONCE, MD, PC 22 PARKVIEV WEST HARR		804	13-41990				
	11.51111111	10011,111		30	Administrator's telephone number 914-684-2108			
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/ren	ort filed for this plan, enter the	4h	EIN			
-	name, EIN, and the plan number from the last return/report.	astrotumnop	ort med for this plant, erner the	70	LIN			
а	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			
	Number of participants with account balances as of the end of the p							
	complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (Se	ee instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of	an independe	nt qualified public accountant (IQ	PA)	□ v <sub>ee</sub> □ v <sub>e</sub>			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No			
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-SF	and must instead use Form 55	00.				
Pa	Toward International Control of C		Visit Section 1 and the visit tops at the exercise of	T				
1	Plan Assets and Liabilities		(a) Beginning of Year 850605	+	(b) End of Year 824987			
a	Total plan assets	7a		-	0			
b	Total plan liabilities	7b	0	-				
С	Net plan assets (subtract line 7b from line 7a)	7c	850605	+-	824987			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers		0					
		8a(1)		-				
	(2) Participants	8a(2)	0					
0.00	(2) Participants	8a(2) 8a(3)	0					
b	(3) Others (including rollovers)	8a(2) 8a(3) 8b	0		25240			
b c	Other income (loss)	8a(2) 8a(3) 8b	0		-25618			
	(3) Others (including rollovers)	8a(2) 8a(3) 8b	0		-25618			
c	(3) Others (including rollovers)	8a(2) 8a(3) 8b 8c	0 0 -25618		-25618			
c d	(3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8c	0 0 -25618		-25618			
c d e f	(3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f	0 0 -25618		-25618			
c d e f g	Other (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	0 0 -25618 0 0		-25618 0			
c d e f	(3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	0 0 -25618 0 0					
c d e f g	Other (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	0 0 -25618 0 0		0			

Form	5500-SF 2	2011

Page 2 -	1
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Part IV   Plan Characteristic	art IV	Characteristi	cs
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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:

art	V Compliance Questions								
0	During the plan year:		Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period descri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Seinstructions.)	er, ee		Х					
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		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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								
art	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))	nd complete	Sched	lule SI	3 (Form	[	Yes	∏ No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	⊠ No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.							uling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I			Duy					
b	Enter the minimum required contribution for this plan year		Г	12b					
С	Enter the amount contributed by the employer to the plan for this plan year		[	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	he left of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	
art '	/II Plan Terminations and Transfers of Assets								
l3a	Has a resolution to terminate the plan been adopted in any plan year?				res X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			-			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?						Yes	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)								
1	13c(1) Name of plan(s):			13c(2) EIN(s)			13c(3) PN(s)		
						- 9			
							-		
Jnde	penalty for the late or incomplete filing of this return/report will be assessed unless recompenalties of perjury and other penalties set forth in the instructions, I declare that I have examined Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this it is true, correct, and complete.	his return/re	port, ir	cludin	g, if app	licable ny kno	, a Sch wledge	nedule e and	
	aglina C. C - 09/04/2012						-		
	2 01/04/10/						nesers S		
SIGN	:			-1-		A			
	Signature of plan administrator Date Enter na	me of individ	ual sig	ning a	s plan ad	dminis	rator		
SIGN	Cignatal of pair duminion activities	ne of individe	ual sig	ning a	s plan ad	dminis	rator		