## 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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For caler	dar plan year 2012 or fiscal plan year beginning 11/01/2012		and ending (	01/31/2	2013			
A This	eturn/report is for:	a multiple-emplover p	an (not multiemployer)		a one-particip	pant plan		
	This return/report is:  The first return/report  The first return/repor							
D IIIIS		·	n/report (less than 12 m	onthe)				
•			Meport (less than 12 m	OHIH 13)				
C Chec		automatic extension			DFVC progra	IIII		
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	ion						
1a Nam				1b	Three-digit			
OWEN & P	RAWCHENKO MD PC 401K PROFIT SHARING PLAN				plan number (PN) ▶	004		
				10	Effective date o			
				.0	11/01	•		
<b>2a</b> Plan	sponsor's name and address; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
OWEN &	RAWCHENKO MD PC	. , ,	, , , ,			36224		
				2c	Sponsor's telep	hone number		
	INGTON STREET				315-782			
WATERTO	WN, NY 13601-0000			2d	Business code (	see instructions)		
					62111	1		
<b>3a</b> Plan	administrator's name and address $raket{X}$ Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN		
				30	Administrator's	talanhana numbar		
				30	Administrators	telephone number		
4 If the	name and/or EIN of the plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN			
	e, EIN, and the plan number from the last return/report.	·	, ,					
<b>a</b> Spoi	sor's name			4c	PN			
<b>5a</b> Tota	I number of participants at the beginning of the plan year			5a		9		
<b>b</b> Tota	I number of participants at the end of the plan year			5b		0		
<b>C</b> Nun	ber of participants with account balances as of the end of the pla	an year (defined bene	efit plans do not	_				
com	plete this item)			5c		0		
<b>6a</b> We	e all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
	you claiming a waiver of the annual examination and report of an			,		X Yes □ No		
	er 29 CFR 2520.104-46? (See instructions on waiver eligibility ar u answered "No" to either line 6a or line 6b, the plan cannot	,				X Yes   No		
	A penalty for the late or incomplete filing of this return/repo					able a Cabadula		
	nalties of perjury and other penalties set forth in the instructions, nedule MB completed and signed by an enrolled actuary, as well							
	s true, correct, and complete.			.,		ooago aa		
	Filed with authorized/valid electronic signature.	00/07/2012	IOLINI KO AMOLIENIK	^				
SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2013	JOHN KRAWCHENK	U				
HEKE	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN	Filed with authorized/valid electronic signature.	08/07/2013	JOHN KRAWCHENK	AWCHENKO				
HERE	Signature of employer/plan sponsor Date Enter name of individu		ridual signing as employer or plan sponsor					
Preparer	s name (including firm name, if applicable) and address; include	room or suite numbe				number (optional)		

Form 5500-SF 2012 Page **2** 

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Vos	or.		
<u>,</u>	Total plan assets	7a	(a) Deginning of Tea				(b) Liid 0	1 100	<u>ai</u>	1	
	Total plan liabilities	7a 7b	39210	7 1					0		
	Net plan assets (subtract line 7b from line 7a)	7c	39210	11	+				0		
	Income, Expenses, and Transfers for this Plan Year	70		7 1			/b\ Ta	401	0		
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	20	)6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							206		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39230	17							
е	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						39	92307	,	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-39	2101		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
Par	t V Compliance Questions										
10	•				Yes	No			1		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		162	NO	· · · · · ·	lmou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					1000	200
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				1000	,00
е	Were any fees or commissions paid to any brokers, agents, or oth										
_	insurance service or other organization that provides some or all of					X					
	instructions.)			10e		1					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
112	Enter the amount from Schedule SB line 39					11a					
12							No				
14	• • • • • • • • • • • • • • • • • • • •			. UI SE	CHUIT	JUZ UI	LINIOM!			^	0
а	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ear_			
	Enter the minimum required contribution for this plan year	•				12b					
	are minimum regained continuation for this plan year										

	Form 5500-SF 2012 Page <b>3 - 1</b>				
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 of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

	Pension Benefit Guaranty Corporation	► Complete all entries in	accordance v	with the instruc	tions to the Form 550	n_SF	Inspection
	Annual Report I	dentification Informatio	<del></del>	THE WITCH		<u> </u>	
For	calendar plan year 2012 or fisca			/01/2012	and ending	01/31/	2013
_	This return/report is for:	a single-employer plan	☐ a multi	ple-employer pl	an (not multiemployer)	Паоп	e-participant plan
_	This return/report is:	the first return/report	Η	il return/report	. , ,	□ • • • · ·	o paradipara pro-
_	ins recurreports.			•	- ( (t th		
_	Į	an amended return/report	=		n/report (less than 12 m	p	
С	Check box if filing under:	Form 5558	automa	atic extension		∐ DFV	/C program
		special extension (enter des	scription)				
	Basic Plan Infor	mation enter all requeste	d information				
1a	Name of plan					1b Three-	
	OWEN & KRAWCHENKO MI	PC 401K PROFIT SHAF	RING PLAN			plan nu (PN) ▶	
							ve date of plan
						11/0	1/2002
2a	Plan sponsor's name and add		nber (employe	r, if for a single-	employer plan)	2b Employ	yer Identification Number
	owen & Krawchenko Mi	) PC				(EIN)	16-1236224
						1 .	or's telephone number
	629 WASHINGTON STREE	T					782-5822
						20 Busine 6211:	ess code (see instructions)
US 20		NY 13601-0000	\	[]	New Courses & datases		
sa	Plan administrator's name and	laddress [X] Same as Plan S	sponsor Name	Same as F	rian Sponsor Address	SD Admini	istrator's EIN
						3C Admini	istrator's telephone number
4	•	olan sponsor has changed sind	e the last retu	m/report filed fo	r this plan, enter the	4b EIN	
	name, EIN, and the plan numb	per from the last return/report.					
	Sponsor's name					4C PN	
	Total number of participants a					5a	9
b		t the end of the plan year				5b	0
С		count balances as of the end of		r (defined bene	nt plans do not	5c	0
6a	Were all of the plan's assets d			? (See instructi	ons.)		X Yes No
_	Are you claiming a waiver of the	• • •	-	•		PA)	restorem to 1
_		See instructions on waiver elig	•	•	- F (		X Yes No
	If you answered "No" to eith	er line 6a or line 6b, the plan	cannot use i	orm 5500-SF a	end must instead use f	Form 5500.	
Ca	aution: A penalty for the late o						shed.
	nder penalties of perjury and oth		*******************************			······································	
S	B or Schedule MB completed an	d signed by an eprolled actuary					
b€	elief, it is, c, and compo	lete.		<i></i> ,	enteret abautum bermunante anno en	removement and a second second second second second	
	- heall	allololo		16112		······································	
	plan admir	nistrator	Date	707.5	Enter name of individua	al signing as p	lan administrator
	1 V	Law diaste	7 0	6/2			
	ro of ornalmore	olon enonene	Date		Enter name of individue	al cionina ac a	mployer or plan sponsor
p.	re of employer/ reparer's in the (including firm na						elephone number (optional)
-	eporers: he (including intit the	ние, и арушовие <i>ј</i> ана audress	, archive ruchi	or some number	(optional)	rieparei s (e	жерноте потност (орванат)
						ž	***

Pа	ae	2

	Financial Information	,								
7	Ptan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year		
a	Total plan assets	7a	392,10	)1				0		
b	Total plan liabilities	7b						0		
c	Net plan assets (subtract line 7b from line 7a)	7c	392,10	)1				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)	**************************************		_					
	(2) Participants	8a(2)			-					
<b>b</b>	(3) Others (including rollovers)	8a(3) 8b	2(	16	-					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		, 0						
$\frac{\sigma}{d}$	Benefits paid (including direct rollovers and insurance premiums							206		
	to provide benefits)	8d	392,30	7	_					
е	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						392,307		
i	Net income (loss) (subtract line 8h from line 8c)	8i			.,			(392,101)		
•	Transfers to (from) the plan (see instructions)	- 8j			_					
	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:		
	2A 2B 2G 2J 2K 3D									
b	if the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Character	ristic (	Codes	in the	instruction	s <sup>.</sup>		
-	, , , , , , , , , , , , , , , , , , ,							•		
,	Compliance Questions		····					****		
10	During the plan year:		<del></del>		Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribut			T	,,,,,					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest?			10a		X				
L.	on line 10a.)			10b		x				
c	Was the plan covered by a fidelity bond?		<	10c	x			100,000		
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud							
	or dishonesty?			10d		X		a the section of the		
е	Were any fees or commissions paid to any brokers, agents, or othe									
	insurance service or other organization that provides some or all o instructions.)			10e		x				
f			<del></del>	10f		x				
				40-						
9			***************************************	10g		X	! .			
	2520.101-3.)		***************************************	10h		x				
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			10i						
	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						(Form	☐ Yes 🗶 No		
11	Enter the amount from Schedule SB line 39					11a	· · · · · · · · · · · · · · · · · · ·			
12	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					Yes 🗷 No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)			T				
а	If a waiver of the minimum funding standard for a prior year is beingranting the waiver	g amortize	d in this plan year, see instructi							
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year					12b		**************************************		
	conce are managem regarded contribution for this part year account					. 20				

	Form 5500-SF 2012 Page <b>3-</b>						
c	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 ineqative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******************		Yes [	] No [	□ N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	X Y6	s 🗆 N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				🗓 Yes 🗌 No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
1	3c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(3)	PN(s)	
		Consumposition					
					<u> </u>	*************	
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
		disasser initial service and the service and t					