Description         Description         2014           Transmission         This form is equicable to a finket index reactions 104 and 4805 of the Employee Reliteration         This Form is Open to Description           Part II         Annual Report Identification Information         man model (second)         and model (second)         This form is open to Description         This form	_	rm 5500-SF	Short Form Annual Return/Report of Small Employe Benefit Plan			oyee	Э	OMB Nos. 1210-0110 1210-0089			
Detective Boomt Security Advances         This Form is Open to Public Inspection           Partial Darius Detective Stores State         2 Complete all tartiss in accordances with the instructions to the Form 5900-SF.         Public Inspection           For calendar plan year 2014 or filescent damage and plan year 1 beginning         0 10/12/014         and ending         12/12/014           A This return/report is         a angel-employer plan         or panticipating employer plan (not multirenployer) (Filers checking this box must attach a line of panticipating employer plan (not multirenployer) (Filers checking this box must attach a line of panticipating employer plan (not multirenployer) (Filers checking this box must attach a line of panticipating employer plan (not multirenployer) (Filers checking this box must attach a line of panticipating employer plan (not multirenployer) (Filers checking this box must attach a line of panticipating employer information           B This return/report is         a one-participant plan         a short plan year 2014 or filescent data attach a line finar strum/report         DFVC program           C Check box if filing under:         Form 558         a unamatio enternaling         DFVC program           Zet Mith MEDICAL P C 401 K PROFIT SHARING PLAN TRUST         1b Three-digit previous attach a line and address; include room or suite number (employer, if for a single-employer plan)         2b Employer Idatification Number (EMPLOVIL ST 2005)           2a Filen aponar's name and address; [Bame as Plan Sponsor.         3b Administrator's telephone number (employer. if for a single-employer plan)         2c Pren	Department of the Treasury Internal Revenue Service							2014			
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A This return/toport is for: <ul> <li>a matple-employer plan (ort multiemployer) (fort multiemployer) (fort multiemployer) (fort multiemployer) (fort multiemployer)</li> <li>B This return/toport is</li> <li>a for expansion of the function of the functin of the function of the function of the function of th</li></ul>				4	and anding 12	124/20	А Л				
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Store Carl Hing and the special extension (enter description)      Part II Basic Plan Information—enter all requested information     1a Name of plan     ZENITH MEDICAL P C 401 K PROFIT SHARING PLAN TRUST     10     Three-digit plan number     (PN)		turn/report is for:	a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	yer information in accord	tion in accordance with the form instructions)					
1a Name of plan       2ENITH MEDICAL P C 401 K PROFIT SHARING PLAN TRUST       1b       Three-digit plan number (PN) ▶       001         1c       Effective date of plan O(1/1/2006)       01       1c       Effective date of plan O(1/1/2006)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EN) (B-1/23803)         2c       Sponsor's telephone number (191 NORTH ST STE 212       2c       Sponsor's telephone number 716-882-6000         3d       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number (201 North ST STE 212)         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 716-882-6000         2d       Listense cand/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone number 716-882-6000         2d       Expression same       4c       PN         5a       5a       5b       5c         5b	C Check b	oox if filing under:				DFVC program					
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Inc       Effective date of plan 01/01/2008         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b         EMPLOY       2b       Employer Identification Number (EIN)       2b         191 NORTH ST STE 212 BUFFALO, NY 14201-1510       2c       Sponsor's telephone number 716-882-6000         2d       Business code (see instructions) 621111       3b       Administrator's name and address       Same as Plan Sponsor.         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 716-882-6000         2d       Business code (see instructions) 621111       3c       Administrator's telephone number 82 Total number of participants at the beginning of the plan year.       3c         5a       5b       5c       5b       5c         complete this tem)       5d(1)       5d(1)       5d(1)         d(2) Total number of participants at the end of the plan year.       5d(2)       5e         e Number of participants with account balances as of the end an year.       5d(2)       5e         e Number of participants with account balances as of the end or the plan year.       5d(1)       5d(2)         e Number of participants at the end of the plan year.       5d(2)       5e       5d         Cotal number of participan	1a Name	of plan				1b	plan number	001			
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191 NORTH ST STE 212 BUFFALO, NY 14201-1510       716-882-6000         2d Business code (see instructions) 621111       3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone numbe         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         3 zoposor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         c Number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5d(1)         d(1) Total number of active participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule Bes of Schedule MB completed and signed by an enrolide actuary, as well as the electorinic version of this re			ress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	ployer Identification Number			
3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants at the beginning of the plan year.       5b         c Number of participants at the beginning of the plan year.       5c         d(1) Total number of active participants at the beginning of the plan year.       5d(1)         d(2) Total number of active participants at the beginning of the plan year.       5c         c Number of participants at the beginning of the plan year.       5d(2)         c Number of participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5c         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of participants at the end of the plan year.       5c         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of participants at the end of the plan year.       5c         So of the remal						2c					
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4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year	3a Plan ad	dministrator's name and	J address XSame as Plan Sponsor	r.		3b	Administrator's	EIN			
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       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         d(1)       Total number of active participants at the beginning of the plan year       5d(1)         d(2)       Total number of active participants at the end of the plan year       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       07/02/2015       YVES-RICHARD BLANC         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator	name,	, EIN, and the plan num		e last return/report filed fo	or this plan, enter the	4b	EIN				
b       Total number of participants at the end of the plan year	· · · ·										
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         d(1) Total number of active participants at the beginning of the plan year								20			
complete this filem)       5d(1)         d(1) Total number of active participants at the beginning of the plan year	C Numbe	er of participants with ac	ccount balances as of the end of the	e plan year (defined bene	efit plans do not			9			
d(2) Total number of active participants at the end of the plan year							3				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       07/02/2015       YVES-RICHARD BLANC         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor							19				
less than 100% vested				efits that were			8				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.          SIGN       Filed with authorized/valid electronic signature.       07/02/2015       YVES-RICHARD BLANC         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								-			
SIGN HERE       Filed with authorized/valid electronic signature.       07/02/2015       YVES-RICHARD BLANC         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	Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruction designed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, in	ncluding, if applic				
Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	SIGN			07/02/2015	YVES-RICHARD BLANC						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual sig	ining as plan adı	ministrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		L			<b>_</b>						

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No									
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	21)?		Yes	No X	Not dete	rmined	
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year				
а	Total plan assets	7a	1843	43	157159				159	
b	Total plan liabilities	7b		0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1843	43			157159			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:	80(1)		0						
	(1) Employers	8a(1) 8a(2)	181							
	(3) Others (including rollovers)	8a(3)		0						
· ·	Other income (loss)	8b	145	21						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						32	716	
-	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	520	67						
е	Certain deemed and/or corrective distributions (see instructions)	8e	77	732						
f	Administrative service providers (salaries, fees, commissions)	8f	1	01						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				59900				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-27184			
j	ansfers to (from) the plan (see instructions)			0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $\begin{array}{cccc} 2E & 2F & 2G & 2J & 2T & 3D & 3H \end{array}$	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe		log from the List of Dian Charge	toriot	in Con	loo in t				
	in the plan provides welfare benefits, enter the applicable welfare it			101131				/13.		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x				
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x				
С				10c		Х				
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		x				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	X				33262	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x				
i	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									
Part VI Pension Funding Compliance										
11										
11a	Enter the unpaid minimum required contribution for current year fr					11a	<b>_</b>			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A			
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN				