

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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- A** This return/report is for:
- a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- a one-participant plan a foreign plan
- B** This return/report is:
- the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- Form 5558 automatic extension DFVC program
- special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMZO CORPORATION, LLC PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>01/01/2007</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AMZO CORPORATION, LLC</u> <u>3330 NOYAC ROAD- BUILDING D</u> <u>SAG HARBOR, NY 11963</u>		2b Employer Identification Number (EIN) <u>26-1836758</u>
		2c Sponsor's telephone number <u>631-725-5900</u>
		2d Business code (see instructions) <u>424600</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c Administrator's telephone number
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		5a <u>2</u>
b Total number of participants at the end of the plan year.....		5b <u>2</u>
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) <u>2</u>
d(2) Total number of active participants at the end of the plan year.....		5d(2) <u>2</u>
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e <u>0</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/22/2015</u>	<u>BILL MINTZ</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III | Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	318765	362026
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	318765	362026
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	15205	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	28056	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43261
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		0
i Net income (loss) (subtract line 8h from line 8c)	8i		43261
j Transfers to (from) the plan (see instructions)	8j		

Part IV | Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V | Compliance Questions

10 During the plan year:		Yes	No	Amount
a 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	
c 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		X	
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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI | Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
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 left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 control of the PBGC?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMZO CORPORATION, LLC PENSION PLAN</u>		B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMZO CORPORATION, LLC</u>		D Employer Identification Number (EIN) <u>26-1836758</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	<u>318529</u>
b Actuarial value		2b	<u>318529</u>
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants.....	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants.....	<u>2</u>	<u>322835</u>	<u>322835</u>
d Total.....	<u>2</u>	<u>322835</u>	<u>322835</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate		5	<u>6.41%</u>
6 Target normal cost		6	<u>0</u>

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>07/28/2015</u>
	Signature of actuary	Date
<u>MARK SHEMTOB, A.S.A.</u>	Type or print name of actuary	<u>14-03767</u>
		Most recent enrollment number
<u>LAIKEN ASSOCIATES, INC.</u>	Firm name	<u>212-661-4400</u>
		Telephone number (including area code)
<u>56 WEST 45TH STREET NEW YORK, NY 10036-4202</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1069
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1069
10	Interest on line 9 using prior year's actual return of <u>9.51</u> %	0	102
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		734
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.27</u> %		46
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		780
d	Portion of (c) to be added to prefunding balance		780
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1951

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.06 %
15	Adjusted funding target attainment percentage	15	98.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2015	15205	0			
			Totals ▶	18(b)	18(c)
				15205	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 13772
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	6257	13177	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	13177	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	13177	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	13772	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	595	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: AMZO Corporation, LLC Pension Plan and Trust
 Plan sponsor's name: AMZO Corporation, LLC

Plan number: 001
 EIN: 26-1836758

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

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

- a. Mortality: The 2014 Static Mortality Tables were used for the period after retirement age. The optional combined tables for small plans were used, separately for male and female lives. To value benefits subject to IRC Section 417(e), the 2014 Applicable Mortality Table was used
- b. Interest: Benefits were discounted by 4.99% (first segment rate) for payments expected from January 1, 2014 – December 31, 2018, by 6.32% (second segment rate) for payments expected from January 1, 2019 – December 31, 2033, and by 6.99% (third segment rate) for payments expected on or after January 1, 2034. These are the HATFA Funding Segment Rates prescribed by IRC Section 430 for the 2014 Plan Year. For calculations under IRC Section 404(o)(2), the following segment rates applied: First segment rate – 1.25%, second segment rate – 4.06%, third segment rate – 5.08%.
- c. Salary Scale: Not applicable
- d. Severance of Employment: No discount for severance of employment was included in the factors on which costs were based.
- e. Assumed Retirement Age: It was assumed that all employees would retire at their Normal Retirement Age, or in one year if at or past Normal Retirement Age.
- f. Form of Benefit Payment: It was assumed that there would be a 100% probability of electing lump sum payments and a 0% probability of electing monthly annuity payments.
- g. Actuarial Value of Asset Valuation Method: The fair market value of assets was used.
- h. Expenses: The Target Normal Cost was increased by \$-0- to reflect anticipated expenses to be paid from the plan in the current year.
- i. Actuarial Cost Method: The method prescribed by IRC Section 430 was used.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

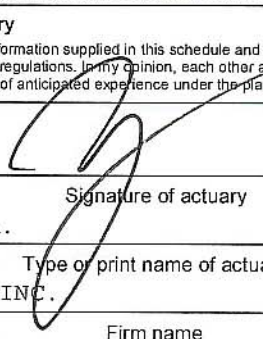
A Name of plan AMZO CORPORATION, LLC PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMZO CORPORATION, LLC		D Employer Identification Number (EIN) 26-1836758	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	318529	
b Actuarial value.....	2b	318529	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	0	0	0
c For active participants.....	2	322835	322835
d Total.....	2	322835	322835
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.41%	
6 Target normal cost.....	6	0	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>7-28-14</u>
	Signature of actuary	Date
MARK SHEMTOB, A.S.A.	Type or print name of actuary	1403767
LAIKEN ASSOCIATES, INC.	Firm name	Most recent enrollment number
		212-661-4400
56 WEST 45TH STREET	Address of the firm	Telephone number (including area code)
NEW YORK NY 10036-4202		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1069
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1069
10	Interest on line 9 using prior year's actual return of <u>9.51%</u>	0	102
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		734
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.27%</u>		46
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		780
	d Portion of (c) to be added to prefunding balance.....		780
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1951

Part III	Funding Percentages		
14	Funding target attainment percentage	14	98.06%
15	Adjusted funding target attainment percentage	15	98.06%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2015	15205	0			
Totals ▶			18(b)	15205	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13772	

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6257	13177	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	13177	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	13177	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13772	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	595	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up		
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: AMZO Corporation, LLC Pension Plan and Trust
 Plan sponsor's name: AMZO Corporation, LLC

Plan number: 001
 EIN: 26-1836758

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

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

- a. Mortality: The 2014 Static Mortality Tables were used for the period after retirement age. The optional combined tables for small plans were used, separately for male and female lives. To value benefits subject to IRC Section 417(e), the 2014 Applicable Mortality Table was used
- b. Interest: Benefits were discounted by 4.99% (first segment rate) for payments expected from January 1, 2014 – December 31, 2018, by 6.32% (second segment rate) for payments expected from January 1, 2019 – December 31, 2033, and by 6.99% (third segment rate) for payments expected on or after January 1, 2034. These are the HATFA Funding Segment Rates prescribed by IRC Section 430 for the 2014 Plan Year. For calculations under IRC Section 404(o)(2), the following segment rates applied: First segment rate – 1.25%, second segment rate – 4.06%, third segment rate – 5.08%.
- c. Salary Scale: Not applicable
- d. Severance of Employment: No discount for severance of employment was included in the factors on which costs were based.
- e. Assumed Retirement Age: It was assumed that all employees would retire at their Normal Retirement Age, or in one year if at or past Normal Retirement Age.
- f. Form of Benefit Payment: It was assumed that there would be a 100% probability of electing lump sum payments and a 0% probability of electing monthly annuity payments.
- g. Actuarial Value of Asset Valuation Method: The fair market value of assets was used.
- h. Expenses: The Target Normal Cost was increased by \$-0- to reflect anticipated expenses to be paid from the plan in the current year.
- i. Actuarial Cost Method: The method prescribed by IRC Section 430 was used.

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

Schedule SB, Part V – Summary of Plan Provisions

- a. Plan Status: Frozen, participation & service.
- b. Eligibility: All employees are eligible for membership in the Plan as of January 1 or July 1 following their completion of one year of service and the attainment of age 21.
- c. Normal Retirement: Later of age 62, or the 5th anniversary of plan participation.
- d. Considered Compensation: Average total pay during the highest consecutive 36 months while a participant.
- e. Normal Retirement Benefits: 1.75% of average compensation plus 0.55% of average compensation in excess of Covered Compensation, multiplied by years of service since January 1, 2002, to a maximum of 14 years. Accruals are frozen as of April 30, 2009.
- f. Standard Retirement Benefit: Life Annuity.
- g. Death Benefits: Full actuarial value of accrued benefit.
- h. Severance Benefits: Vested in the accrued benefit based on years of service. Less than 2 years of service, 0%, for 2 years of service 20%, 20% for the next 4 years to 100% after 6 years of service.
- i. Disability Benefits: Based upon physician determination; the annual benefit is the actuarial value of the accrued benefit at retirement age.
- j. Deferred Retirement: Benefit calculated as of Normal Retirement Date actuarial increased to reflect the period that the commencement of the benefit is deferred. Not less than the benefit calculated through actual retirement date.
- j. Accrued Benefit: Fractional Rule over years of employment since January 1, 2002. Benefit accruals are frozen as of April 30, 2009.
- k. Actuarial Equivalence: Applicable Mortality Table for the period after retirement, Applicable Interest Rate for the month of November preceding the year of determination.
- l. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities.

Significant Events: None.

Changes in Provisions: None

Attachment to Form 5500, Schedule SB

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Date Established</u>	<u>Type of Base</u>	<u>Shortfall Amortization Installment</u>	<u>Present Value of Future Amortization Installments</u>	<u>Years Remaining</u>
01/01/2008	Shortfall	4,225	4,225	1
01/01/2009	Shortfall	7,032	13,730	2
01/01/2010	Shortfall	5,889	16,841	3
01/01/2011	Shortfall	2,918	10,866	4
01/01/2012	Shortfall	2,119	9,635	5
01/01/2013	Shortfall	(6,892)	(36,409)	6
01/01/2014	Shortfall	(2,114)	(12,631)	7
Totals		<u><u>13,177</u></u>	<u><u>6,257</u></u>	

Attachment to Form 5500, Schedule SB

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date</u>	<u>Contribution</u>	<u>Application</u>	<u>Late Quarterly Rate</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contribution</u>
4/2/2015	2,965	1st Quarter	11.41%	6.41%	2,624
4/2/2015	2,965	2nd Quarter	11.41%	6.41%	2,654
4/2/2015	2,965	3rd Quarter	11.41%	6.41%	2,685
4/2/2015	2,965	4th Quarter	11.41%	6.41%	2,716
4/2/2015	3,345	2014 Plan Year	N/A	6.41%	3,094
Totals	<u>15,205</u>				<u>13,772</u>

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

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

The Weighted Average Retirement Age is equal to the straight average of the participants' assumed retirement ages.

Attachment to Form 5500, Schedule SB

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date</u>	<u>Contribution</u>	<u>Application</u>	<u>Late Quarterly Rate</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contribution</u>
4/2/2015	2,965	1st Quarter	11.41%	6.41%	2,624
4/2/2015	2,965	2nd Quarter	11.41%	6.41%	2,654
4/2/2015	2,965	3rd Quarter	11.41%	6.41%	2,685
4/2/2015	2,965	4th Quarter	11.41%	6.41%	2,716
4/2/2015	3,345	2014 Plan Year	N/A	6.41%	3,094
Totals	<u>15,205</u>				<u>13,772</u>

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

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

The Weighted Average Retirement Age is equal to the straight average of the participants' assumed retirement ages.

Attachment to Form 5500, Schedule SB
AMZO CORPORATION, LLC PENSION PLAN
EIN/PN: 26-1836758 / 001

Schedule SB, Part V – Summary of Plan Provisions

- a. Plan Status: Frozen, participation & service.
- b. Eligibility: All employees are eligible for membership in the Plan as of January 1 or July 1 following their completion of one year of service and the attainment of age 21.
- c. Normal Retirement: Later of age 62, or the 5th anniversary of plan participation.
- d. Considered Compensation: Average total pay during the highest consecutive 36 months while a participant.
- e. Normal Retirement Benefits: 1.75% of average compensation plus 0.55% of average compensation in excess of Covered Compensation, multiplied by years of service since January 1, 2002, to a maximum of 14 years. Accruals are frozen as of April 30, 2009.
- f. Standard Retirement Benefit: Life Annuity.
- g. Death Benefits: Full actuarial value of accrued benefit.
- h. Severance Benefits: Vested in the accrued benefit based on years of service. Less than 2 years of service, 0%, for 2 years of service 20%, 20% for the next 4 years to 100% after 6 years of service.
- i. Disability Benefits: Based upon physician determination; the annual benefit is the actuarial value of the accrued benefit at retirement age.
- j. Deferred Retirement: Benefit calculated as of Normal Retirement Date actuarial increased to reflect the period that the commencement of the benefit is deferred. Not less than the benefit calculated through actual retirement date.
- j. Accrued Benefit: Fractional Rule over years of employment since January 1, 2002. Benefit accruals are frozen as of April 30, 2009.
- k. Actuarial Equivalence: Applicable Mortality Table for the period after retirement, Applicable Interest Rate for the month of November preceding the year of determination.
- l. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities.

Significant Events: None.

Changes in Provisions: None

Attachment to Form 5500, Schedule SB

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Date Established</u>	<u>Type of Base</u>	<u>Shortfall Amortization Installment</u>	<u>Present Value of Future Amortization Installments</u>	<u>Years Remaining</u>
01/01/2008	Shortfall	4,225	4,225	1
01/01/2009	Shortfall	7,032	13,730	2
01/01/2010	Shortfall	5,889	16,841	3
01/01/2011	Shortfall	2,918	10,866	4
01/01/2012	Shortfall	2,119	9,635	5
01/01/2013	Shortfall	(6,892)	(36,409)	6
01/01/2014	Shortfall	(2,114)	(12,631)	7
Totals		<u><u>13,177</u></u>	<u><u>6,257</u></u>	