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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Part I		Identification Information scal plan year beginning 01/01/2		and ending 12/3	31/2014	
	urn/report is for:	X a single-employer plan	a multiple-employer pl of participating employ	an (not multiemployer) (F yer information in accorda	ilers checking this	
B This retu	urn/report is	a one-participant plan the first return/report an amended return/report	a foreign plan the final return/report a short plan year return	n/report (less than 12 mor	nths)	
C Check t	oox if filing under:	Form 5558 special extension (enter desc	automatic extension cription)	, ,	DFVC pro	ogram
Part II	Basic Plan Info	rmation—enter all requested in	nformation			
1a Name AMZO CORI	I.	·			1b Three-digit plan numbe (PN) ▶	. 001
					1c Effective date	e of plan /01/2007
	oonsor's name and ad	dress; include room or suite num	ber (employer, if for a single-	employer plan)		entification Number 6-1836758
3330 NOYAC	ROAD- BUILDING D				2c Sponsor's te	elephone number -725-5900
	R, NY 11963					de (see instructions)
3a Plan a	dministrator's name ar	nd address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed fo		4b EIN 4c PN	
		at the beginning of the plan year			5a	2
		at the end of the plan year			5b	2
		account balances as of the end o		-	5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the p	plan year		5d(1)	2
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ear		5d(2)	2
		rminated employment during the	. ,		5e	0
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this returner penalties set forth in the instruction of signed by an enrolled actuary, blete.	uctions, I declare that I have	examined this return/repo	ort, including, if ap	
SIGN	Filed with authorized/	valid electronic signature.	09/22/2015	BILL MINTZ		
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing as plan	administrator
SIGN HERE						
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (Date include room or suite numbe	Enter name of individua r) (optional)		oyer or plan sponsor one number (optional)
, , , , , , , , , , , , , , , , , , ,		, 1, 12215, 2312 4341500 (, (1)	.,	(-

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot be seen to b	an indepe and condi ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	s 📗 I	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .	X	Yes	∐No ∐	Not dete	ermined	1
Par -					1					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		2026	
	Total plan assets	7a	3107	0				302	026	
	Total plan liabilities	7b 7c	3187					362	2026	
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	76					/b) T			
	Contributions received or receivable from:		(a) Amount				(b) T	Olai		
	1) Employers	8a(1)	152	205						
	2) Participants	8a(2)								
-	3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	280)56						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43	3261	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
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							0	
<u>i</u> :	Net income (loss) (subtract line 8h from line 8c)	8i						43	3261	
j	Fransfers to (from) the plan (see instructions)	8j								
Par	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature coo	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons.		_
	in the plant provided fromthe bottome, other the applicable fronthe to	aturo coc	ioo nom tho Elot of Flam Onarat	otoriot	.0 000		no mondon	0110.		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut			10-		Χ				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'			10a						
	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 bo	nd, that was caused by fraud							
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	of the ber	efits under the plan? (See	10e		X				
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	s of vear	end.)	10g		Χ				_
	If this is an individual account plan, was there a blackout period? (·	iog						
	2520.101-3.)			10h						
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						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	······································		· 	·····			X Ye	s I	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a				0
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?	Ye	s X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			and e	enter th Day		ne letter i Year	ruling	_

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110 2014

This Form is Open to Public Inspection

		, ,	File as	an attachment to Forn	n 5500 or	5500-SF.			
For	calenda	ır plan year 2014 or fiscal pl	an year beginning 0	1/01/2014		and end	ing 12/3	31/2014	
) 1	Round	off amounts to nearest do	llar.						
•	Caution	: A penalty of \$1,000 will be	assessed for late filing of	of this report unless reas	sonable ca	use is establish	ned.		
	lame of					B Three-di	git		001
AMZ	ZO COR	PORATION, LLC PENSION	I PLAN			plan nun	nber (PN)	•	001
<u> </u>	lan ana	nsor's name as shown on lir	as 2s of Form FF00 or FF	:00 SE		D Employer	Identifica	tion Number (E	:INI\
		PORATION, LLC	le 2a of Form 5500 of 55	000-3F		Employer	26-1836	•	iiiv)
		0.0, 220					20 .000		
FΤ	ype of pl	an: X Single Multiple	-A Multiple-B	F Prior year p	lan siza. 🔽	100 or fewer	101-5	00 More th	an 500
			Multiple-B	1 Horyear p	iaii size.	100 of fewer	□ 101-3	oo 🗌 wore ur	an 500
	rt I	Basic Information							
1	Enter t	he valuation date:	Month	Day <u>01</u> Year	2014	_			
2	Assets	:							
	a Mark	ket value					2a		318529
	b Actu	arial value					2b		318529
3	Fundin	ng target/participant count bi	reakdown		` '	Number of rticipants	. ,	ted Funding	(3) Total Funding Target
	.	and the state of t	· Catanta a manatata manasana	1	Ра	nticipants 0	<u> </u>	arget 0	Target 0
		retired participants and bene				-		_	
		terminated vested participar				0		0	0
	C For a	active participants				2		322835	322835
	d Tota	l				2		322835	322835
4	If the p	olan is in at-risk status, chec	k the box and complete l	ines (a) and (b)					
	a Fund	ding target disregarding pres	scribed at-risk assumptio	ns			4a		
		ding target reflecting at-risk					4b		
	at	t-risk status for fewer than fi	ve consecutive years and	d disregarding loading fa	actor				
5	Effectiv	ve interest rate					5		6.41%
6		normal cost					6		0
		by Enrolled Actuary of my knowledge, the information su	naliced in this schoolule and secon	manying ashedulas, statement	a and attachm	ento if any io comp	lata and assu	roto Eoob proporib	ad accumption was applied in
a	ccordance	with applicable law and regulations. n, offer my best estimate of anticipate	In my opinion, each other assum						
_		i, offer my best estimate of anticipate	ed experience under the plan.						
	IGN								
Н	ERE					_		07/28/20)15
		S	ignature of actuary					Date	
MAF	RK SHE	MTOB, A.S.A.						14-0376	
		Type o	or print name of actuary				Most r	ecent enrollme	nt number
LAI	KEN AS	SOCIATES, INC.						212-661	-4400
EG V	VECT A	5TH STREET	Firm name			Т	elephone	number (includ	ling area code)
		X, NY 10036-4202							
			Address of the firm			_			
If the	actuary	has not fully reflected any r	equiation or ruling promu	llasted under the statute	in comple	ating this echod	ula chack	the hov and co	
	ctions	nas not rully reflected ally I	egulation of fulling profite	ngated under the statute	o in comple	omig tills scried	uie, citeck	THE DOX ALIG SI	

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II B	Beginning of Year	Carryov	er and Prefunding Ba	alances						
_						(a) (Carryover balance		(b) F	Prefundi	ng balance
7		,		cable adjustments (line 13 f	•			0			1069
8				unding requirement (line 35							
		•	•					0			0
9	Amount re	maining (line 7 minus li	ne 8)					0			1069
10	Interest on	line 9 using prior year's	s actual ret	urn of <u>9.51</u> %				0			102
11	Prior year'	s excess contributions t	o be added	I to prefunding balance:							
	a Present	value of excess contrib	utions (line	38a from prior year)							734
				Ba over line 38b from prior y re interest rate of6.27							46
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual											
										780	
	d Portion	of (c) to be added to pre	efunding ba	lance							780
12	Other redu	uctions in balances due	to elections	s or deemed elections				0			0
				line 10 + line 11d – line 12				0			1951
Pa	art III	Funding Percenta	ages					<u> </u>			
14	Funding ta									14	98.06 %
		unding target attainmen								15	98.06 %
16											89.10 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										
Pa	art IV	Contributions an	d Liquid	ity Shortfalls						•	
18	Contributio	ons made to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
/1./	(a) Date IM-DD-YYY	(b) Amount p		(c) Amount paid by	(a) D (MM-DD		(b) Amount pai	-	(0	•	nt paid by
	1/02/2015	Y) employer	15205	employees	(ואוואו-טט	-1111)	employer(s))		empi	oyees
	702/2013		13203	0							
					Totals ►	18(b)		15205	18(c)		0
19	Discounted	d employer contribution	s – see inst	tructions for small plan with	a valuation	date after th	ne beginning of the	year:			
	a Contribu	utions allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0
				ljusted to valuation date				19b			0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date										
20	•	contributions and liquidi	•								1
				he prior year?						X	Yes No
				installments for the current	-	-	manner?				Yes X No
	C If line 20	Da is "Yes," see instructi	ons and co	implete the following table a Liquidity shortfall as of e			n vear				
	((1) 1st		(2) 2nd	iiu oi quaite	(3)	3rd			(4) 4th	<u> </u>
	(1) 1st (2) 2nd (3) 3rd (4) 4th										

Discount rates: 1st segment: 4,99% 2nd segment: 6,32% 3rd segment: 6,39% N/A, full yield curve used	Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
b Applicable month (enter code)	21									
22 Weighted average retirement age 22 62 23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute		a Segment rates:		=	_		N/A, fu	ıll yield	curve	used
Part VI Miscellaneous Items Prescribed - combined Prescribed - separate Substitute		b Applicable month (enter code)			21b				0
Part VII Miscellaneous Items Prescribed - combined Prescribed - separate Substitute	22	Weighted average ret	irement age			22				62
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23					Substitute	9			
### Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No	Pai	rt VI Miscellane	ous Items	<u> </u>						
attachment.				tuarial assumptions for the current	plan vear? If "Yes." see	instructions	regarding re	eauired		
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		-	·	•				· —	Yes	X No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. 28	25	Has a method change	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attac	hment			Yes	X No
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		X	Yes	No
28	27		•	• •	tions regarding	27		<u> </u>		
28 Unpaid minimum required contributions for all prior years	Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	28		•	•		28				0
Solid Soli	29					20				
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)		(line 19a)								0
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	Remaining amount of		. 30				0		
a Target normal cost (line 6)	Pa	rt VIII Minimum	Required Contribution	For Current Year						
b Excess assets, if applicable, but not greater than line 31a	31	Target normal cost a	nd excess assets (see instruc	tions):						
Amortization installments: a Net shortfall amortization installment		a Target normal cost	31a				0			
a Net shortfall amortization installment		b Excess assets, if ap	oplicable, but not greater than	line 31a		31b				0
b Waiver amortization installment	32	Amortization installme	ents:		Outstanding Bala	ance	I	nstallme	ent	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amortiz	zation installment			6257				13177
Month Day Year) and the waived amount		b Waiver amortization	n installment			0				0
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	33					33				0
Balances elected for use to offset funding requirement	34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				13177
requirement				Carryover balance	Prefunding bala	nce	To	otal bala	nce	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	35		· ·	0		0				0
(line 19c)	36	Additional cash requir	rement (line 34 minus line 35)			36				13177
a Total (excess, if any, of line 37 over line 36)	37					37				13772
a Total (excess, if any, of line 37 over line 36)	38	Present value of exce	ess contributions for current ye	ear (see instructions)		l l				
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38a				595
The state of the s						38b				0
	39				_ ·	39				0
	40					40				0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	Pai	rt IX Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))				
41 If an election was made to use PRA 2010 funding relief for this plan:	41				· · · · · · · · · · · · · · · · · · ·	•				
a Schedule elected				<u>-</u>		<u></u>	2 plus 7 vea	ars F	15 ve	ears
b Eligible plan year(s) for which the election in line 41a was made										
42 Amount of acceleration adjustment	<u>4</u> 2						<u> </u>		<u>ப '</u>	
43 Excess installment acceleration amount to be carried over to future plan years			•							

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp	1 No.	To 4 Avg. Comp	5 No.	To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg. Comp		Avg.
3											十		-				<u> </u>				
Under 25	0	0	0	0	0	0	0	0	0	0	Ļ	0	0	0	0	0	0	0	0	(0
25 to 29	0	0	0	0	0	0	0	0	0	0	1	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
35 to 39	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
											+										
45 to 49	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
55 to 59	0	0	0	0	2	0	0	0	0	0	+	0	0	0	0	0	0	0	0	(0
											土										
60 to 64	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
70 & Up	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

EIN/PN: 26-1836758 / 001

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

- a. <u>Mortality</u>: 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. <u>Interest</u>: 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. <u>Salary Scale</u>: Not applicable
- d. <u>Severance of Employment</u>: No discount for severance of employment was included in the factors on which costs were based.
- e. <u>Assumed Retirement Age</u>: 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. <u>Form of Benefit Payment</u>: 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. <u>Actuarial Value of Asset Valuation Method</u>: The fair market value of assets was used.
- h. <u>Expenses</u>: The Target Normal Cost was increased by \$-0- to reflect anticipated expenses to be paid from the plan in the current year.
- i. <u>Actuarial Cost Method</u>: 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).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For celerator plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 P Round off amounts to nearest dollar. P Caution: A panalty 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 2 or Form 5500 or 5500-SF D Employer Identification Number (EIN) AMZO CORPORATION, LLC E Type of plan: Single Multiple A Multiple B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information T enter the valuation date: Month 01 Day 01 Year 2014 2 Assets: 2a 319529	Pension deficit Qualatity Corporation	File as an attachment to For	m 5500 or 5500-SF.			
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan AME/O CORPORATION, LLC PENSION PLAN Description Descrip	For calendar plan year 2014 or fiscal p	plan year beginning 01/01/2014	and endin	g	12/31/20	014
A Name of plan AMZO CORPORATION, LLC PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMZO CORPORATION, LLC E Type of plan:	Round off amounts to nearest d	ollar.				
Part	Caution: A penalty of \$1,000 will t	e assessed for late filing of this report unless rea	sonable cause is establishe	d.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500 SF AMZO CORPORATION, LLC E Type of plan:			B Three-dig	it		
AMZO CORPORATION, LLC E Type of plan: Single Multiple Multiple B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2014 2 Assets: 2 2a 3.18529 b Actuarial value. 2a 3.18529 c A For retired participants count breakdown (1) Number of participants and beneficiaries receiving payment. 0 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	AMZO CORPORATION, LLC	PENSION PLAN	plan numb	er (PN)	>	001
AMZO CORPORATION, LLC E Type of plan: Single Multiple Multiple B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2014 2 Assets: 2 2 3 3.18529 b Actuarial value. 2a 3.18529 c Target Target Target Target Funding Target Participants and beneficiaries receiving payment. 0 C C For active participants and beneficiaries receiving payment. 0 C C C For active participants. 0 C C C For active participants. 0 C C C For active participants. 2 3.22835 d Total Million is in at-risk status, check the box and complete lines (a) and (b) 2 3.22835 d Total L C C For active participants and beneficiaries receiving payment. 0 C C C For active participants. 0 C C C For active participants. 0 C C C For active participants. 0 C C C For active participants and beneficiaries receiving payment. 0 C C C For active participants. 0 C C C For active part						
AMZO CORPORATION, LLC E Type of plan: Single Multiple Multiple B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2014 2 Assets: 2 2a 3.18529 b Actuarial value. 2a 3.18529 c A For retired participants count breakdown (1) Number of participants and beneficiaries receiving payment. 0 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SE	D Employer I	dentifica	tion Number /E	INIX
E Type of plan: Single Multiple Multiple			D Employer	испинса	uon radinbei (L	118)
Part I Basic Information	AMZO CORPORATION, LLC	1	26-183675	8		
Part I Basic Information	E Type of plan: X Single Multip	le-A Multiple-B F Prior year	plan size: X 100 or fewer	101-5	00 More th:	an 500
1		manapo o	Plant diese Ed 100 di 101101		oc Indicate	317 000
Assets						
a Market value		Month 01 Day 01 Year			DASSELLA DE SANCIO DE CALCONOMICO.	ALIE RECEIVED STORY
Second Statement by Enrolled Actuary Statement and attachments, if any, is complete and accourate. Each prescribed assumption such disregarding from secondaries with applicable law and regulations. Surfage and accourate stemate of anticipated eagles on the myster stemate of anticipated eagles of actuary Signature of actuary Target Ta	_33 6 70 113					
Funding target/participant count breakdown (1) Number of participants (2) Vested Funding Target (3) Total Funding Target Target (3) Total Funding Target Target (3) Total Funding Target Ta				24		
a For retired participants and beneficiaries receiving payment 0 C C O C O C O C C For active participants with participants of the plan is in at-risk status, check the box and complete lines (a) and (b)	The state of the s					= V/V= VV/V= U/V= VV/V=
a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 Funding target/participant count	oreakdown		The state of the s		
b For terminated vested participants	a For retired participants and her	reficiaries receiving navment			arget	
C For active participants. d Total	100 To 10				9	
d Total						
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)					2/20/10/2009	
a Funding target disregarding prescribed at-risk assumptions. 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. 5 Effective interest rate. 5 6 6 41% 6 Target normal cost. 5 16 4.1% 5 16 Costatement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompenying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my phinon, 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. Signal T-23-USS Signal T-23-USS MARK SHEMTOB, A.S.A. Type of print name of actuary Date 14 0 3 7 6 7 Type of print name of actuary Firm name Telephone number (including area code)	d Total		2		322835	322835
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. 5 Effective interest rate	4 If the plan is in at-risk status, che	ck the box and complete lines (a) and (b)				
at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate	a Funding target disregarding pro	escribed at-risk assumptions		. 4a		V
At risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate				4b		
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. Jurnity 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 Signature of actuary Date 1403767 Type of print name of actuary Most recent enrollment number 212-661-4400 Firm name Telephone number (including area code)						
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompenying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my chinion, 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 Signature of actuary Date 1403767 Type of print name of actuary Most recent enrollment number 212-661-4400 Firm name Telephone number (including area code) MEST 45TH STREET NEW YORK NY 10036-4202				300		Maria Maria Maria
To the best of my knowledge, the information supplied in this schedule and accorrage mying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. Long online, 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 Signature of actuary Date 1403767 Type of print name of actuary Most recent enrollment number 212-661-4400 Firm name Telephone number (including area code)	•			. 6		C
HERE Signature of actuary Date 1403767 Type of print name of actuary MARK SHEMTOB, A.S.A. Type of print name of actuary Most recent enrollment number 212-661-4400 Firm name Telephone number (including area code) MOST 45TH STREET MEW YORK NY 10036-4202	To the best of my knowledge, the information secondance with applicable law and regulation combination, offer my best estimate of anticipations.	s. Danny opinion, each other assumption is reasonable (taking into	its and attachments, if any, is complet account the experience of the plan a	e and accu and reasons	rate. Each prescribe able expectations) ar	d assumption was applied in nd such other assumptions, in
MARK SHEMTOB, A.S.A. Type of print name of actuary Most recent enrollment number 212-661-4400 Firm name Telephone number (including area code) NEW YORK NY 10036-4202		1		7-2	2-65	
Type of print name of actuary LAIKEN ASSOCIATES, INC. Firm name Firm name Telephone number (including area code) NEW YORK NY 10036-4202		Signature of actuary			Date	
TAIKEN ASSOCIATES, IN C. Firm name Telephone number (including area code) SE WEST 45TH STREET NEW YORK NY 10036-4202	MARK SHEMTOB, A.S.A.				1403767	!
Firm name Telephone number (including area code) 56 WEST 45TH STREET NEW YORK NY 10036-4202		of print name of actuary		Most r	ecent enrollmer	nt number
NEW YORK NY 10036-4202	LAIKEN ASSOCIATES, INC.	/			212-661-4	400
	56 WEST 45TH STREET	Firm name	Te	lephone	number (includ	ing area code)
	NEW YORK NV 1	0036-4202				
	LIVE TALL					
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	If the actuary has not fully reflected and	regulation or suling promula to develop the	- :		16 . 1	

Pac	A	2	_

Pa	rt II Be	ginning of Year C	arryov	er and Prefunding B	alances				10000010			
7	Dalaman at h			N di t di do	F	(a)	Carryover balance		(b)	Prefundi	ng baland	e
-7 		전하다.(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		cable adjustments (line 13				0				1069
8				unding requirement (line 35				o				0
9	Amount rem	aining (line 7 minus line	∋ 8)					0				1069
10	Interest on li	ine 9 using prior year's	actual ret	urn of <u>9.51</u> %				0				102
11	Prior year's	excess contributions to	be added	to prefunding balance:								
	a Present va	alue of excess contribut	tions (line	38a from prior year)								734
				Ba over line 38b from prior ye interest rate of 6.2% .								
			September 1900	nedule SB, using prior year								0
	C Total avail	able at beginning of curre	ent plan ye	ear to add to prefunding bala	nce	No.						780
	d Portion of	(c) to be added to pref	unding ba	alance	****************							780
12	Other reduct	tions in halances due to	elections	s or deemed elections	201 201 200 A 10 CONTROL SERVICE	Signatura		0			-	0
P VIEW V				line 10 + line 11d – line 12				0		7.02-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		1951
K 5.0	THE WORLD	unding Percenta		mic to time tra line iz	-/							1751
100000	SECTION AND ADDRESS OF THE PERSON ADDRESS			pure discovery accounts over the reserve of a little					_	14	98.	06%
		ding target attainment		10						15		06%
				of determining whether car						12/2/0	1000	70
	current year	's funding requirement.	**********						16	89.	10%	
17	If the curren	t value of the assets of	the plan i	s less than 70 percent of th	e funding ta	rget, enter s	such percentage		17		%	
Pa	art IV C	Contributions and	Liquid	ity Shortfalls								
18				ear by employer(s) and em			,					
(M	(a) Date IM-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees	(a) [(MM-DE	Date D-YYYY)	(b) Amount pa employer(s		(c) Amou emplo	nt paid by	,
04	1/02/201		15205	(Employees					,,000	
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				https://www.ataatu-saca								
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	n c 1181		V 25 7 9 10	SOAR - SAR EXCUSES	Tatala N	40(1)	K- mar		401.1			
10	Disseunted				Totals ▶	18(b)			18(c)			0
19				ructions for small plan with								-
				mum required contributions	100	170		19a			777-38	0
				justed to valuation date				19b				0
22	1000 1000	200 200 STR 8000	3) 5303(5)	uired contribution for current	year adjusted	to valuation	ı date	19c				13772
	SAME THE PROPERTY OF THE PROPE	ntributions and liquidity						ě	Anna So.		S read	NO.
				he prior year?						Control of the Con-	_	No
				installments for the curren			manner?				Yes X	No
	C II line 20a	is yes, see instruction	ns and co	mplete the following table a Liquidity shortfall as of e			n woor	100	THE STATE OF			
	(1)	1st		(2) 2nd	nu or quarte	1202341	n year 3rd			(4) 4th	il .	
				N TONK		357.2				. ,		-

Pa	rt V Assumptions Used to Determine	Funding Target and Targ	et Normal Cost		
21	V				
	a Segment rates: 1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%		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)	rescribed - combined Pro	escribed - separate	Substitute	9
Pa	rt VI Miscellaneous Items				
24	DESCRIPTION OF THE PROPERTY OF	(4)	(15)		, , , , , , , , , , , , , , , , , , ,
25	Has a method change been made for the current	plan year? If "Yes," see instruction	s regarding required attact	ment	
26	Is the plan required to provide a Schedule of Activ	e Participants? If "Yes," see instru	ctions regarding required a	attachment.	
27		nter applicable code and see instru	ctions regarding	27	
Pa	rt VII Reconciliation of Unpaid Minim				
28	Unpaid minimum required contributions for all prio			28	0
29	Discounted employer contributions allocated towar (line 19a)	d unpaid minimum required contril	outions from prior years	29	0
30	Remaining amount of unpaid minimum required co		30	0	
	rt VIII Minimum Required Contributio				
31					The state of the s
	a Target normal cost (line 6)			31a	0
	b Excess assets, if applicable, but not greater than	AC 2388		31b	0
32	Amortization installments:	Timo ora minima	Outstanding Balar	19624027	Installment
	a Net shortfall amortization installment			6257	13177
	b Waiver amortization installment			0	131//
33	If a waiver has been approved for this plan year, e		4		0
	(Month Day Year			33	0
34	Total funding requirement before reflecting carryon			34	13177
	3,-	Carryover balance	Prefunding balan		Total balance
35	Balances elected for use to offset funding		1 rolationing balan	-	Total Balance
-	requirement			0	0
36	Additional cash requirement (line 34 minus line 35			36	13177
	Contributions allocated toward minimum required (line 19c)	contribution for current year adjuste	ed to valuation date	37	13772
38	Present value of excess contributions for current y				Section States
	a Total (excess, if any, of line 37 over line 36)			38a	595
	b Portion included in line 38a attributable to use of			38b	0
39	Unpaid minimum required contribution for current y		The state of the s	39	0
4-107-01	Unpaid minimum required contributions for all year			40	0
	t IX Pension Funding Relief Under			822	
	If an election was made to use PRA 2010 funding r	0 1000	(000 111011 00110110)		
	(20)			Π.	
	a Schedule elected		The second of th		2 plus 7 years 15 years
40	b Eligible plan year(s) for which the election in line				2009 2010 2011
	Amount of acceleration adjustment			42	
43	Excess installment acceleration amount to be carrie	ed over to future plan years		43	

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

	_	 	_	_	_	_						_			_	_	-	-	
40 & Up Avg.	Comp	0		0		0		0		0	400	0	0	0	0		0		0
40,	No.	0		0		0		0		0		0	0	0	0		0		0
35 To 39	Comp	0		0		0		0		0		0	0	0	0		0		0
35.	No.	0		0		0		0		0		0	0	0	0		0		0
30 To 34	Comp	0		0		0		0		0		0	0	0	0		0		0
30.1	No.	0		0		0		0		0		0	0	0	0		0		0
25 To 29 Avg.	Comp	0		0		0		0		0		0	0	0	0		0		0
25.1	No.	0		0		0		0	1	0		0	0	0	0		0		0
20 To 24 Avg.	Comp	0		0		0		0		0		0	0	0	0		0		0
20 T	No.	0		0		0		0		0		0	0	0	0		0		0
o 19 Avg.	Comp	0	25.78H ES	0		0		0		0		0	0	0	0		0		0
15 To 19	No.	0		0		0		0		0		0	0	0	0		0		0
o 14 Avg.	Comp	0		0		0		0		0		0	0	0	0		0		0
10 To 14	No.	0		0		0		0	1	0		0	0	0	0		0		0
5 To 9 Avg.	Comp	0		0		0		0		0		0	0	0	0		0		0
,v	No.	0		0		0	- 8	0		0		0	0	7	0		0		0
1 To 4 Avg.	Comp	0		0		0	2000	0		0		0	0	0	0		0		0
1.1	No.	0		0		0		0		0		0	0	0	0		0		0
Under 1 Avg.	No. Comp	0		0		0		0		0		0	0	0	0		0		0
T.	No.	0		0		0		0		0		0	0	0	0		0		0
Attained	Age	Under 25		25 to 29		30 to 34		35 to 39		40 to 44		45 to 49	50 to 54	55 to 59	60 to 64		65 to 69		70 & Up

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

Plan number: EIN:

001 26-1836758

EIN/PN: 26-1836758 / 001

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

- a. <u>Mortality</u>: 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. <u>Interest</u>: 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. <u>Severance of Employment</u>: No discount for severance of employment was included in the factors on which costs were based.
- e. <u>Assumed Retirement Age</u>: 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. <u>Form of Benefit Payment</u>: 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. <u>Expenses</u>: The Target Normal Cost was increased by \$-0- to reflect anticipated expenses to be paid from the plan in the current year.
- i. <u>Actuarial Cost Method</u>: The method prescribed by IRC Section 430 was used.

EIN/PN: 26-1836758 / 001

Schedule SB, Part V – Summary of Plan Provisions

- a. <u>Plan Status</u>: Frozen, participation & service.
- b. <u>Eligibility</u>: 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. <u>Normal Retirement</u>: Later of age 62, or the 5th anniversary of plan participation.
- d. <u>Considered Compensation</u>: Average total pay during the highest consecutive 36 months while a participant.
- e. <u>Normal Retirement Benefits</u>: 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. <u>Standard Retirement Benefit</u>: Life Annuity.
- g. Death Benefits: Full actuarial value of accrued benefit.
- h. <u>Severance Benefits</u>: 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. <u>Disability Benefits</u>: Based upon physician determination; the annual benefit is the actuarial value of the accrued benefit at retirement age.
- j. <u>Deferred Retirement</u>: 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. <u>Accrued Benefit</u>: Fractional Rule over years of employment since January 1, 2002. Benefit accruals are frozen as of April 30, 2009.
- k. <u>Actuarial Equivalence</u>: Applicable Mortality Table for the period after retirement, Applicable Interest Rate for the month of November preceding the year of determination.
- I. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities.

Significant Events: None.

Changes in Provisions: None

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Type of Base	Shortfall Amortization <u>Installment</u>	Present Value of Future Amortization <u>Installments</u>	Years <u>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		13,177	6,257	

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN:

26-1836758 / 001

Schedule SB, line 19 - Discounted Employer Contributions

Date	Contribution	Application	Late Quarterly <u>Rate</u>	Effective <u>Rate</u>	Interest Adjusted Contribution
4/2/2015	2.065	Let Overter	11.4107	6 410/	2.624
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	15,205				13,772

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.

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date</u>	Contribution	Application	Late Quarterly <u>Rate</u>	Effective <u>Rate</u>	Interest Adjusted Contribution
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	15,205				13,772

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.

AMZO CORPORATION, LLC PENSION PLAN

EIN/PN: 26-1836758 / 001

Schedule SB, Part V – Summary of Plan Provisions

- a. <u>Plan Status</u>: Frozen, participation & service.
- b. <u>Eligibility</u>: 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. <u>Normal Retirement</u>: Later of age 62, or the 5th anniversary of plan participation.
- d. <u>Considered Compensation</u>: Average total pay during the highest consecutive 36 months while a participant.
- e. <u>Normal Retirement Benefits</u>: 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. <u>Standard Retirement Benefit</u>: Life Annuity.
- g. Death Benefits: Full actuarial value of accrued benefit.
- h. <u>Severance Benefits</u>: 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. <u>Disability Benefits</u>: Based upon physician determination; the annual benefit is the actuarial value of the accrued benefit at retirement age.
- j. <u>Deferred Retirement</u>: 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. <u>Accrued Benefit</u>: Fractional Rule over years of employment since January 1, 2002. Benefit accruals are frozen as of April 30, 2009.
- k. <u>Actuarial Equivalence</u>: Applicable Mortality Table for the period after retirement, Applicable Interest Rate for the month of November preceding the year of determination.
- 1. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities.

Significant Events: None.

Changes in Provisions: None

AMZO Corporation, LLC Pension Plan and Trust

EIN/PN: 26-1836758 / 001

Schedule SB, line 32 - Schedule of Amortization Bases

Date <u>Established</u>	Type of Base	Shortfall Amortization <u>Installment</u>	Present Value of Future Amortization <u>Installments</u>	Years Remaining
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		13,177	6,257	