## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Com	plete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identifica								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α .	Γhis return/report is for:	employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	· —	urn/report	final retur						
_		nded return/report	=	n year return/report (less than 12 mo	nths)				
_	<u> </u>	, , ,	11113)	□ pp/c					
C	Check box if filing under:	L		extension	DFVC program				
		extension (enter descript							
Pa	rt II Basic Plan Information—	enter all requested inforr	nation						
	Name of plan				1b	Three-digit			
MAZ	ZOLA & STRUNK, L.L.P. RETIREMENT 1	TRUST				plan number 002			
					4.	(PN) •			
					10	Effective date of plan 01/01/1984			
22	Plan sponsor's name and address (emplo	over if for single employe	yr plan)		2h	Employer Identification Number			
	ZOLA & STRUNK, L.L.P.	byer, ir for sirigle-employe	i piaii)		20	(EIN) 11-3211565			
					2c Plan sponsor's telephone num				
	BLUE POINT AVENUE EPOINT, NY 11715				631-363-7040				
DLUI	110111, 111 117 13				2d	Business code (see instructions) 621210			
	Di liin di liin di	, 6	. "0	"	26				
MAZ	Plan administrator's name and address (iZOLA & STRUNK, L.L.P.	f same as Plan sponsor, 193 BLUE F	enter "Same POINT AVE	e") NUE	30	Administrator's EIN 11-3211565			
		BLUE POIN	IT, NY 1171	5	3c	Administrator's telephone number			
						631-363-7040			
	the name and/or EIN of the plan sponsor			port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan number from the	last return/report. Spons	or's name		40	DNI			
	Total accept an efficiency of the books	element the male access			4c	PN 9			
	Total number of participants at the begin				5a				
b	Total number of participants at the end o	f the plan year			5b	8			
С	Total number of participants with accoun			` .	E.	8			
	complete this item)				5c	Д □			
	Were all of the plan's assets during the plan's assets during the plan's assets during the plants are the plants as a second sec	,		,		Yes No			
D	Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instru					X Yes ☐ No			
	If you answered "No" to either 6a or 6	• •		•					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	1897264	ļ.	1991172			
b	Total plan liabilities			(	)	0			
C	Net plan assets (subtract line 7b from line			1897264	ı .	1991172			
8	Income, Expenses, and Transfers for this		70	(a) Amount		(b) Total			
а	Contributions received or receivable from			(a) Amount		(b) Total			
u	(1) Employers		8a(1)	25000	)				
	(2) Participants		8a(2)	5750	)				
	(3) Others (including rollovers)		- ` '	(	)				
b	Other income (loss)			68427	27				
C	Total income (add lines 8a(1), 8a(2), 8a(3)					99177			
d	Benefits paid (including direct rollovers a		00						
-	to provide benefits)	•	8d	5269	9				
е	Certain deemed and/or corrective distribution		8e	(	)				
f	Administrative service providers (salaries			(	)				
g	Other expenses	•		(	)				
h	Total expenses (add lines 8d, 8e, 8f, and					5269			
i	Net income (loss) (subtract line 8h from I	= -				93908			
i	Transfers to (from) the plan (see instruction			(	)				
		· - · · - , · · · · · · · · · · · · · ·	··· XI						

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D

D		e plan provides welfare benefits, enter the applicable welfare featu		iot of Flam Onara	otorio		200 111 0	no mondone			
Part	٧	Compliance Questions									
10	Dui	ring the plan year:		Yes		No	A	mount			
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	C Was the plan covered by a fidelity bond?									150000	
d		the plan have a loss, whether or not reimbursed by the plan's fidel		10d		X					
е							X				
f	Has	s 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 y		10g		Χ					
•		his is an individual account plan, was there a blackout period? (See			iug						
	252	20.101-3.)			10h						
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements: 0))							Yes	No	
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of sectior	1 412 of the Code	or se	ction 3	802 of I	ERISA?	Yes	X No	
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								
	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										
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	, , ,	•			401				
		er the minimum required contribution for this plan year				t	12b				
		er the amount contributed by the employer to the plan for this plan y	-			⊢	12c				
	neg	etract the amount in line 12c from the amount in line 12b. Enter the ative amount)				_	12d	<del></del>	7 F	1	
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								N/A		
Part '	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No	
		es," enter the amount of any plan assets that reverted to the employee					13a				
	of t	re all the plan assets distributed to participants or beneficiaries, trar he PBGC?							Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to			1		
1	13c(1) Name of plan(s):						(2) EII	N(s)	13c(3)	PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	se is	establ	ished.	1		
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. 10/17/2011 ROBERT STRUN										
HERI	E Signature of plan administrator Date Enter name of inc						ndividual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

## 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 section 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

## 2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information  For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010														
For					12/31/2010									
A ·	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	r)										
В	This return/report is for: first return/report													
	an amended return/report	ths)												
С	Check box if filing under: X Form 5558	DFVC program												
	special extension (enter description	n)												
Pa	Part II Basic Plan Information—enter all requested information													
	Name of plan			1b	Three-digit									
	MAZZOLA & STRUNK, L.L.P. RETIREMENT TRUS	${f T}$			plan number (PN) • 002									
		10	Effective date of plan											
					01/01/1984									
2a	Plan sponsor's name and address (employer, if for single-employer MAZZOLA & STRUNK, L.L.P.	plan)		2b Employer Identification Number										
	MAZZOLA & SIRONK, L.L.P.		-	(EIN) 11-3211565										
	102 DINE BOINE ANDWER			ZC	Plan sponsor's telephone number (631) 363-7040									
	193 BLUE POINT AVENUE		ļ	2d	Business code (see instructions)									
	BLUE POINT		NY 11715		621210									
3a	Plan administrator's name and address (if same as Plan sponsor, e ${\tt SAME}$	nter "Same	3")	3b	Administrator's EIN									
			ľ	3c	Administrator's telephone number									
		**************************************			•									
	f the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b EIN										
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c PN										
5a	Total number of participants at the beginning of the plan year	*******		5a	T 9									
b	Total number of participants at the end of the plan year			5b	8									
С	Total number of participants with account balances as of the end of		<u></u>											
	complete this item)		`	5c	1 8									
6a					X Yes No									
b					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.)											
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information													
7	it iii iii iii iii iii iii iii iii iii		57 and mast motoda doc 1 5111 651											
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year									
а		7a		0.										
a b	Plan Assets and Liabilities		(a) Beginning of Year	0.	(b) End of Year									
b	Plan Assets and Liabilities Total plan assets	7b	(a) Beginning of Year	4	(b) End of Year 1,991,172									
b 8	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7b	(a) Beginning of Year 1,897,26	4	(b) End of Year 1,991,172									
b 8	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c	(a) Beginning of Year 1,897,26 1,897,26 (a) Amount	4 0 4	(b) End of Year 1,991,172 0 1,991,172									
b 8	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7b 7c 8a(1)	(a) Beginning of Year 1,897,26 1,897,26 (a) Amount 25,00	4 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 1,991,172 0 1,991,172									
b 8	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	7b 7c 8a(1) 8a(2)	(a) Beginning of Year 1,897,26 1,897,26 (a) Amount	4 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 1,991,172 0 1,991,172									
8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	0. 44 00 44 00 00 00	(b) End of Year 1,991,172 0 1,991,172									
b c 8 a b	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,897,26 1,897,26 (a) Amount 25,00	0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  1,991,172  0  1,991,172  (b) Total									
8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year 1,991,172 0 1,991,172									
b c 8 a b	Plan Assets and Liabilities  Total plan assets	7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total									
b c 8 a b	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total									
b c 8 a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total									
b c 8 a b c d	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total									
b c 8 a b c d	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total  99,177									
b c 8 a b c d d e f g	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 1,897,26  1,897,26  (a) Amount  25,00 5,75  68,42	000000000000000000000000000000000000000	(b) End of Year  1,991,172  0  1,991,172  (b) Total									

	Form 5500-SF 2010	p,	age <b>2-</b>							
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:									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions	<del></del>		***************************************	***************************************					
10	During the plan year:		Yes	No	А	mount				
а	Was there a failure to transmit to the plan any participant contributions within the ti 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	1	a	Х	20000000000000000000000000000000000000	essécrisérios autorios de sinorios de consension de consension de consension de consension de consension de co				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)	· ·	5	Х						
C	Was the plan covered by a fidelity bond?	*******		c X			150,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that or dishonesty?		d	Х		tik til Omgalekiska nisista kantaurumista risuuma ki Oskislasis ki				
е	Were any fees or commissions paid to any brokers, agents, or other persons by ar insurance service or other organization that provides some or all of the benefits un instructions.)	e plan? (See	Э	х						
f	Has the plan failed to provide any benefit when due under the plan?		10	f	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	******	100	a	Х					
h	If this is an individual account plan, was there a blackout period? (See instructions 2520.101-3.)			h						
i	If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3			i						
Par	t VI Pension Funding Compliance				<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," s 5500))						☐ Yes ☐ No			
12	Is this a defined contribution plan subject to the minimum funding requirements of						Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in the granting the waiver.									
H	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550				Day	· '				
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 negative amount)				12d					
е	Will the minimum funding amount reported on line 12d be met by the funding dead	ine?				Yes	No N/A			
Par	t VII Plan Terminations and Transfers of Assets				***************************************	***************************************				
13a	Has a resolution to terminate the plan been adopted during the plan year or any pr	or yea	ar?				Yes X No			
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
c	of the PBGC?									
	which assets or liabilities were transferred. (See instructions.)									
	13c(1) Name of plan(s):		13c(2) EIN(s) 13c(3)			13c(3) PN(s)				
						<del></del>				
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.										
	(2/17) As 12.12	-11	Robert Strunl	······································						
SIC HE	RE Signature of plan administrator Date	• (	Enter name of indivi		nina a	s plan admin	istrator			
residence	organization plan agrinionation		Enter hand of malvi	auui siy	imiy a	piuri aurilli	1011 4101			

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor