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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part	I Annual Repo	ort Identification Information					
For cale	endar plan year 2012 o	or fiscal plan year beginning 01/01	/2012	and ending	12/31/2	2012	
A This	s return/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan
B This	s return/report is:	the first return/report	x the final return/report				
		x an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	1	
C Che	eck box if filing under:	X Form 5558	automatic extension			DFVC progra	m
	-	special extension (enter desc	ription)			_	
Part	II Basic Plan Ir	nformation—enter all requested inf	formation				
1a Na	me of plan				1b	Three-digit	
MAZZOL	A & STRUNK, L.L.P. F	RETIREMENT TRUST				plan number	
					4-	(PN) •	002
					10	Effective date of 01/01/	•
	an sponsor's name and LA & STRUNK, L.L.P.	address; include room or suite number	er (employer, if for a single	e-employer plan)	2b	Employer Identii	fication Number 11565
193 BI U	E POINT AVENUE				2c	Sponsor's telep	
BLUE PO	DINT, NY 11715				2d	Business code (
3a Pla	an administrator's name	e and address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's I	ΞIN
		_	_		30	Administrator's t	elephone number
					30	Administrators	elepriorie number
		f the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
	onsor's name	number from the last return/report.			4c	PN	
5a To	tal number of participa	ents at the beginning of the plan year			5a		3
b To	tal number of participa	ants at the end of the plan year			5b		0
		rith account balances as of the end of	' '	•	5c		0
	, ,	sets during the plan year invested in e					X Yes No
_		er of the annual examination and repor	-				M 100 110
	,	-46? (See instructions on waiver eligib	•		,		X Yes No
lf :	you answered "No" t	o either line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.	
		ate or incomplete filing of this return					
SB or S		d other penalties set forth in the instruct d and signed by an enrolled actuary, a omplete.					
SIGN	Filed with authoriz	zed/valid electronic signature.	10/04/2013	ROBERT STRUNK			
HERE	Signature of pla	n administrator	Date	Enter name of individ	ual siç	ning as plan adn	ninistrator
SIGN							
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individ	ual siç	ning as employe	r or plan sponsor
Prepare	er's name (including fir	m name, if applicable) and address; ir	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	'ear		
a	Total plan assets	7a	38476				(2) =:			0	
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	38476							0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h	Tota			
	Contributions received or receivable from:		(a) Amount				(D)	TOta			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	1	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38355	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	121	9							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							38477	' 5	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-38476	64	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	٠,									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions			
_											
Par	t V Compliance Questions			1			ı				
10	During the plan year:			_	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					1500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and)			Х					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g 10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	<u></u>	No
_11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date d	f the l		ıling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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

14b Trust's EIN

14a Name of trust

Form 5500-SF

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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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instructio	ns to the Form 5500-S	SF.	
Part I	Annual Report	Identification Information			12/31/20	1.2
For calenda	ar plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending		
	urn/report is for: urn/report is:	□ a single-employer plan □ the first return/report □ an amended return/report	a multiple-employer plan in the final return/report in a short plan year return/re		a one-parti	cipant plan
C Check b	oox if filing under:	☐ Form 5558 ☐ special extension (enter descriptions)	automatic extension		DFVC prog	gram
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		1b Three-digit	
1a Name MAZZOL	ofplan A & STRUNK, L	.L.P. RETIREMENT TRUS	ST		plan number (PN) ▶	002
					1c Effective date 01/01/19	
2a Plans	ponsor's name and ac A & STRUNK, L	ldress; include room or suite numb	er (employer, if for a single-em	nployer plan)	2b Employer Ide (EIN) 11-3	entification Number 211565
	UE POINT AVEN				2c Sponsor's te 631-363-	
		NY 11715			2d Business coo 621210	de (see instructions)
BLUE P	OINT	nd address XSame as Plan Spon	sor Name XSame as Plan S	Sponsor Address	3b Administrato	r's EIN
4 If the	name and/or EIN of the	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN 4c PN	
a Spons	sor's name		University of State o	reseason a research and a second	5a	3
5a Total	number of participant	s at the beginning of the plan year				0
b Total	number of participant	s at the end of the plan year			5b	
comr	plete this item)	n account balances as of the end o) () () () () () () () () () (ATTACHED HIS OF COMMENTS	5c	0 X Yes No
b Are y unde	you claiming a waiver or 29 CFR 2520.104-4 or answered "No" to	ets during the plan year invested in of the annual examination and rep 6? (See instructions on waiver elig either line 6a or line 6b, the plan	ort of an independent qualified ibility and conditions.)	nd must instead use	Form 5500.	X Yes No
	A	ar incomplete filing of this retu	rn/report will be assessed u	niess reasonable cau	ise is established	l
Under per		other penalties set forth in the instr- and signed by an errolled actuary.				
SIGN	1 36	and the		ROBERT STRUNK		
HERE	Signature of plan	adprinistrator	Date 10-2-13	Enter name of individ	ual signing as plar	n administrator
SIGN		2				
HERE	Signature of omn	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor
Preparer'	s name (including firm	n name, if applicable) and address;	include room or suite number	(optional)	Preparer's telep	hone number (optional)
U					1	

Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Y	ear	
Plan Assets and Liabilities	7a	384	764					
Total plan assets	7b		0					
Total plan liabilities	7c	384	764					
Net plan assets (subtract line 7b from line 7a)	-,0	(a) Amount				(b) Tota	1	
Income, Expenses, and Transfers for this Plan Year								
Contributions received or receivable from: (1) Employers	8a(1)		0			100		
(2) Participants	8a(2)		0					
(3) Others (including rollovers)	8a(3)		0	_	-			
b Other income (loss)	8b		11					-
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	383	3556	-				
e Certain deemed and/or corrective distributions (see instructions)	8e		1219	-				
f Administrative service providers (salaries, fees, commissions)	8f		1212	1				
g Other expenses	8g			1-				3847
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			+-				-3847
Net income (loss) (subtract line 8h from line 8c)	8i			+				
Transfers to (from) the plan (see instructions)	- 8j							
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension								
b If the plan provides welfare benefits, enter the applicable welfare for	feature code	es from the List of Plan Characi	teristic		es in the	instruction		
Part V Compliance Questions				Yes	No	-	Amour	nt
O During the plan year:			- 1					
"I - the alon any participant contribu	utions within	the time period described in	_					
a Was there a failure to transmit to the plan any participant contribu	lucial y Coll	0011-11	10a		Х			
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.	st? (Do not i	nclude transactions reported						
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.)	st? (Do not i	nclude transactions reported	10b		Х			150
 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 	st? (Do not i	nclude transactions reported		Х	Х			150
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 a Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of increase applies or other organization that provides some or all 	st? (Do not i	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b	Х	X			150
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 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 11 Is this a defined contribution plan subject to the minimum funding 	s fidelity bo other person I of the bendan? as of year (See instruction) I the require 101-3	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR and notice or one of the "Yes," see instructions and cor	10b 10c 10d 10e 10f 10g 10h 10i	X Sche	X X X X X X A A A A A A A A A A A A A A	ERISA?	the let	Yes X
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 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount 15 this is an individual account plan, was there a blackout period 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding 	s fidelity bo other person I of the beneate lan? I sa of year I (See instruction of the require 101-3 ements? (If	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR and notice or one of the "Yes," see instructions and cor ments of section 412 of the Coc cable.) ized in this plan year, see instructions Mc form 5500), and skip to line 13	10b 10c 10d 10e 10f 10g 10h 10i mplete	X Sche	X X X X X X A A A A A A A A A A A A A A	ERISA?	the let	Yes X

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	12c		
 C Enter the amount contributed by the employer to the plan for this plan year 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 			
d Subtract the amount in line 12c from the amount in line 12b. Effect the recent negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
		Yes N	10
the bean adopted in any plan year?		100	
If "Yes," enter the amount of any plan assets that reverted to the employer this year.	er the contro		X Yes No
 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan(s), identify the post of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the property of the plan to another plan(s). 	lan(s) to		
If during this plan year, any assets or liabilities were transferred from this plan year, any assets or liabilities were transferred. (See instructions.)	13c(2)	EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):			
Part VIII Trust Information (optional)	14b	Trust's Elf	N
14a Name of trust			