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

2009

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		peotion		
Pa	art I	Annual Report	t Ider	tification Information							
For	calenda	ar plan year 2009 or fi			09	and ending	12/31/2	2009			
Α.	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
		urn/report is for:	Πf	irst return/report	final retu			ш	·		
	11113 160	unineport is ior.	Η	an amended return/report	╡	n year return/report (less than 12 mo	nthe)				
_				·	╡	• • •	111113)	П вемо			
C	Check b	oox if filing under:	뭄	Form 5558	_	extension		☐ DFVC progra	ım		
				special extension (enter descript							
Pa	rt II	Basic Plan Info	orma	tion—enter all requested inforr	nation						
	Name						1b	Three-digit			
HAR'	VEY AN	ND MUMFORD, LLP F	PROF	T SHARING PLAN				plan number	001		
							4.0	(PN) •			
							10	Effective date o			
22	Dlan er	noncor's name and as	ddrocc	(employer, if for single-employer	yr plan)		2h	Employer Identi			
		ND MUMFORD, LLP	luuless	(employer, if for single-employe	i pian)		20	(EIN) 14-169			
		HAN P. HARVEY LAV	W FIRI	M, PLLC			2c	(telephone number		
	BROAD							518-46			
ALBA	ANY, NY	Y 12207					2d		see instructions)		
22	Dlan a	dministrator's name a		drage (if some as Dian enemar	ontor "Com	2"\	2h	541110 Administrator's			
		ND MUMFORD, LLP	anu au	dress (if same as Plan sponsor, 677 BROAL		e)	30	14-169			
		,		ÁLBANÝ, N			3c	Administrator's	telephone number		
								518-46			
						eport filed for this plan, enter the	4b	EIN			
1	name, E	EIN, and the plan num	mber fr	om the last return/report. Spons	or's name		40	PN			
52	Total	number of participants	to at the	haginning of the plan year				FIN			
							5a		12		
b				• •			5b		0		
С						rear (defined benefit plans do not	5c		0		
60		•							X Yes No		
b						(See instructions.) ndent qualified public accountant (IQ					
D						ions.)			X Yes No		
						SF and must instead use Form 55					
Pa	rt III	Financial Infor	rmati	on							
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total p	olan assets			7a	316009	0		0		
b							0		0		
С	Net pla	an assets (subtract lin	ne 7b f	rom line 7a)	7с	316009	0		0		
8	Income	e, Expenses, and Tra	ansfers	for this Plan Year		(a) Amount		(b) 1	Γotal		
а		butions received or re				(c) i mile		()			
	(1) Er	mployers			8a(1)		0				
	(2) Pa	articipants			8a(2)		0				
	(3) Ot	thers (including rollove	/ers)		8a(3)						
b	Other	income (loss)	ome (loss)			3545	0				
С	Total in	ncome (add lines 8a((1), 8a(2), 8a(3), and 8b)	8c						
d				overs and insurance premiums							
	to prov	vide benefits)			8d	319501	3195010				
е	Certair	n deemed and/or corr	rective	distributions (see instructions)	8e		0				
f	Admin	istrative service provi	viders (salaries, fees, commissions)	8f		0				
g	Other	expenses			8g	53	0				
h	Total e	expenses (add lines 8	8d, 8e,	8f, and 8g)	8h				3195540		
i	Net ind	come (loss) (subtract	t line 8h	r from line 8c)	8i				-3160090		
j				nstructions)			0				

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Part IV	Plan	Chara	cteris	tics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 3D 2F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	٧	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amour	nt
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				30000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					\ \ \ \ \	es X No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?	📗 Y	es 🔀 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year		1	12c			
		er the amount contributed by the employer to the plan for this plan yearthe included by the employer to the plan for this plan yearthe included by the left tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120			
u		ative amount)tie i 120 nom the amount in line 120. Enter the result (enter a minus sign to the left			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					XY	es No
		es," enter the amount of any plan assets that reverted to the employer this year			13a		L-1	0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought be PBGC?	under	the co		1	XY	es No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
13c(1) Name of plan(s):					c(2) E	IN(s)	130	(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	estab	lished.		
Inde B or	r pen	lalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re _l	port, ir	ncludin	ıg, if appli		

SIGN	Filed with authorized/valid electronic signature.	08/27/2010	JONATHAN P HARVEY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	08/27/2010	JONATHAN P HARVEY					
HERE	Signature of employer/plan sponsor	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

2009

This Form is Open to Public Inspection.

P	art I Annual Report Idei	ntification Information							
For	the calendar plan year 2009 or fisc		200	9-01-01	and ending	2009-12-31			
Α	This return/report is for:	single-employer plan	multiple-	employer plan (r	not multiemployer)	one-participa	nt nlan		
В	This return/report is for:	irst return/report	一	rn/report	4 - 3 - 3	U one-participa	iit piair		
	· H	an amended return/report		•	and flags than 40 marth				
^	=======================================	Form 5558	품		oort (less than 12 months	-			
U	,		had	c extension		DFVC progra	m		
205200		special extension (enter descript							
	art III Basic Plan Informa	ation enter all requested in	formation.						
ıd	Name of plan				****	1b Three-digit plan number			
	Harvey and Mumford, LLP	Profit Sharing Plan				(PN) ►	001		
					Γ	1c Effective date o	f plan		
2a	Plan sponsor's name and address	/amplayar if for single annulars				1987-01-01			
A- U4	Harvey and Mumford, LLP		r pian)			2b Employer Identi			
	c/o Jonathan P. Harvey				<u> </u>	(EIN) 14-1698881 2c Plan sponsor's telephone number			
	677 Broadway					(518) 463-4491			
US	Albany	NY 12207				2d Business code 541110	(see instructions)		
3a	Plan administrator's name and add	lress (If same as plan employer,	enter "Sam	e")		3b Administrator's	EIN		
	Same								
					F	3c Administrator's	telephone number		
						•	in the state of th		
4	If the name and/or EIN of the plan	sponsor has changed since the	last return/n	enort filed for this	nlan enter the	4b EIN			
	name, EIN and the plan number fro	om the last return. Sponsor's Na	me	pore mod for an	pian, cinci ine				
52	Total number of participants at the	hacinaine of the alexander			·	4c PN			
b	Total number of participants at the Total number of participants at the	end of the plan year	• • • •	• • • • •	• • • • • • • •	5a 5b	12 0		
	Total number of participants with a	ccount balances as of the end o	of the plan ye	ar (defined bene	efit plans do not	38	<u> </u>		
	complete this item)	<u> </u>				5c	0		
oa b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
W	under 29 CFR 2520.104-46? (See	inual examination and report of instructions on waiver eligibility	an independ and conditio		olic accountant (IQPA)		X Yes No		
	If you answered "No" to either 6a	or 6b, the plan cannot use Fo	orm 5500-S	and must inst	ead use Form 5500.	• • • • •	A les LINO		
Ρâ	art III Financial Informati	ion							
7	Plan Assets and Liabilities			(a) B	eginning of Year	(b) End	of Year		
а	Total plan assets	• • • • • • • • • •	. 7a		3,160,090	<u> </u>	0		
b	Total plan liabilities		. 7b		0		o		
С	Net plan assets (subtract line 7b fro	om line 7a)	. 7c		3,160,090		0		
8	Income, Expenses, and Transfers f	for this Plan Year			(a) Amount	(b)	Total		
а	Contributions received or receivable				A-Ann	(27			
	(1) Employers		. <u>8a(1)</u>		0				
	(2) Participants		. 8a(2)		0				
b	(3) Others (including rollovers)	• • • • • • • • • • •	<u>8a(3)</u>		0				
	Other income (loss)		8b		35,450				
d	Total income(add lines 8a(1), 8a(2) Benefits paid (including direct rollov), 8a(3), and 8b)	• <u>8c</u>				35,450		
	to provide henefite)	· · · · · · · · · · · ·	. 8d		3,195,010				
е	Certain deemed and/or corrective d				0				
f	Administrative service providers (sa			·	0				
g	Other expenses		. 8g		530				
h	Total expenses (add lines 8d, 8e, 8	f, and 8g)	. 8h				3,195,540		
i	Net income (loss) (subject line 8h fr		. 8i				(3,160,090)		
j	Transfers to (from) the plan (see ins				0				

	Form 5500-SF (2009)		Pa	ge 2-		_				
Part	IV Plan Characteristics	- 						***	·	
9a 1	f the plan provides pension benefits, enter the applicable pension feature 2E 3B 3D 2F 2H f the plan provides welfare benefits, enter the applicable welfare feature									
Par	V Compliance Questions			**************************************				······································		
10	During the plan year:					Yes	No	An	nount	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D	Correction	Program)		10a		x			
	on line 10a.)				10b		X			
c d	Was the plan covered by a fidelity bond?	lity bond, th	at was cau		10c	X	x			30,000
е	Were any fees or commisions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of the 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	<u> </u>	x			
h	2520.101-3.)				10h	ļ	x			
l E	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3				10i					
<u>Par</u>	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	to? (If IIV.o.	" aga inata	estions and some	loto C	ob odu	o SD /I			
	5500))	•		ctions and comp	iele Si	J. ledu	90 (1	• • • •	Yes	x No
12 a	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver	le.) amortized ir	n this plan	year, see instructi Mo	ons, a	nd en	ter the	date of the le		_
b	Enter the minimum required contribution for this plan year						12b		·····	
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•				•	12c 12d			
e	Will the minimum funding amount reported on line 12d be met by the	fundina de	adline?					Yes	No	□N/A
200 C 100 C	VII Plan Terminations and Transfers of Assets				······					······································
ACCES COMMON TO	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp				• •	٠. ١			X Yes	□No
h	Were all the plan assets distributed to participants or beneficiaries, tra				odor th	• • •	13a			0
c	of the PBGC?								XYes	□No
	13c(1) Name of plan(s):					1	3c(2) ⊟	IN(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report v	will be ass	essed unle	ess reasonable o	ause	is est	ablishe	ed.		
SB o	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as i, it is true, correct, and complete.									•
SIC	SN	1/20	10	Jonathan P.	Haı	vey				
HE		Date		Enter name of ir	ndividu	ıal sig	ning as	plan adminis	trator	
SIC		7/20	lo	Jonathan P.						
	RE Signature of employer/plan sponsor	Date		Enter name of ir	ndividu	ıal sig	ning as	employer or	plan spon	sor