Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

For calendar plan year 2018 of fiscal plan year beginning 01001/2018 and ending 12/31/2018 A This return/report is for: a niether-property and into multiemployer plan (not multiemployer) it files sheeking this box must attach a list of participating employer information in accordance with the form instructions.) A This return/report is for: a niether plan dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report is dark of participating employer information in accordance with the form instructions.) A This return/report (less than 12 months) D FVC program	Parti	Annuai Repon	identification information						
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B This return/report is the first return/report an amended return/report and short plan year return/report (less than 12 months) C C Check box if filing under: From 5558 and automatic extension port of the plan port of participants at the beginning of the plan year complete this item). DFVC program DFVC prodict program DFVC prodict plan number (file of treign, see instructions) 22 b Employer Identification Number (EIN) 14+1807541 22 c. Sponsor's telephone number SE428-1039 22 d Business code (see instructions) 32 Administrator's EIN	A This re	eturn/report is for:	X a single-employer plan		- · · · ·				
The linist return/report Internal return/r	D. Tri	. ,	a one-participant plan	a foreign plan					
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan MCGREEVY PRO LAB INC 401 (K) 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 14-1807541 2c Sponsor's telephone number 518-426-1039 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 D EIN 4 D E	B This ret	turn/report is	the first return/report						
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C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						5b	9		
d(1) Total number of active participants at the beginning of the plan year	C Numb	ber of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6		
	•	,				5d(1)	7		
d(2) Total number of active participants at the end of the plan year	d(2) To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	9		
O Number of participants who terminated employment during the plan year with page and handlite that were less	e Number of participants who terminated employment during the plan year with accrued benefits that were less				5e	0			
	than 100% vested						nd		
than 100% vested									
than 100% vested	SB or Sch	edule MB completed a	and signed by an enrolled actuary, a						
than 100% vested	SIGN			11/03/2020	NEIL MCGREEVY				
than 100% vested	HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	ın administrator		
than 100% vested	SIGN					<u> </u>			
than 100% vested	HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	lual signing as employer or plan sponsor			
d(2) Total number of active participants at the end of the plan year	` '	•		•		` '			
d(2) Total number of active participants at the end of the plan year	d(2) To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	9		
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	Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau				
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Form 5500-SF (2018) Page **2**

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determine		b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						_			
7 Plan Ássets and Liabilities 7a 193904 200175 8 Total plan assets 7a 193904 200175 C Net plan assets (subtract line 7b from line 7a) 7c 183904 200175 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 5172 (2) Participants (3) Others (including rollowers) 8a(2) 26204 (3) Others (including rollowers) 8a(3) 0thers (including rollowers) 8a(3) 0thers (including rollowers) 8a(3) 0thers (including direct rollowers and insurance premiums to provide benefits) 10 provide benefits) 8a(1) 8a(2) 8a(3) and 8b) 8b -15105 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 16271 d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 9a(4) 8c 16271 d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 9a(4) 8c 16271 d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 10 provide benefits) 10 provide benefits) 10 provide benefits 10 provide serial 10 provides (salaries, fees, commissions) 8c 16 provides (salaries, fees, commissions) 8c 16 provides (salaries, fees, commissions) 8c 17 provides (salaries, fees, commissions) 8c 18 provides (sal	С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
a Total plan assets	Pa	rt III Financial Information	_								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year		(b) End of Year				
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	18	83904				200175		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (8a(2) (3) Others (including rollovers). (8a(3) (3) Others (including rollovers). (8a(4) (3) Others (including rollovers). (8a(5) (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8b (8c (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8c (8c (8c) (9c (8c) (9c (8c) (9c (8c) (9c) (9c) (9c) (9c) (9c) (9c) (9c) (9	<u>b</u>	Total plan liabilities	7b								
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(1) Employers	8	Income, Expenses, and Transfers for this Plan Year (a) Amoun			ıt			(b)	Total		
(3) Others (including rollovers)	<u>а</u>		8a(1)		5172						
b Other income (loss)		(2) Participants			26204						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-	15105						
e Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16271		
f Administrative service providers (salaries, fees, commissions)	d 		8d								
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
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: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 11f 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						16271		
9a	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:		
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reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f				10f		Χ				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	$\overline{}$	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·			10h		X				
	i	·	•		10i						

Form 5500-SF (2018)	Page 3- 1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			В		es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	e or section	n 302 of		. Y	es X No
	(If "Yes," complete line 12a or lines 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 this plan year, see instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
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 negative amount)	of a	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 Yes	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 control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

October 22, 2020

To:

NCGREEV

US Department of Labor

From: Neil McGreevy

McGreevy ProLab 376 Broadway Albany, NY 12207 (518) 426-1039

neil@mcgreevyprolab.com

ADP 401K Plan #: 250743

Re: Request to waive late filing penalties—form 5500

Dear US Department of Labor:

Please waive any late filing fees that may occur with the submission of our 2018 and final 2019 form 5500. As owner of a small company I was completely unaware that these forms required filing. ADP handled our company 401K plan and I was under the assumption that they flied all forms associated with that plan. It was only after receiving a recent letter from the IRS that I became aware that the forms 5550 required filing.

Our company only had this 401K plan for a short time (2017 and 2018). The yearly maintenance fees were too expensive, so we switched back to a Simple IRA instead. We stopped depositing any money into the 401K in December 2018 and in January 2019 the account was liquidated and closed.

ADP said that emails would have been sent to me to remind me to complete the online 5500's filings through their web portal, but I never received any email notices. Perhaps they were using an incorrect email address or perhaps the emails went to junk mail. I did not see them.

I apologize for not filing the forms on time. Our company is financially struggling with the COVID closures. We are currently operating only part time with a reduced staff. Any additional fees would be a hardship.

Thank you for your consideration and understanding in this matter.

info@mcgreevyprolab.com

376 Broadway

Albany, NY 12207

Phone (518) 426-1039

Fax

(518) 426-1198

mcgreevyprolab.com

Sincerely,

Neil McGreevy

Owner