

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [X] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: FOUNDATIONS PROGRESSIVE LEARNING CENTER 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): FOUNDATIONS PROGRESSIVE LEARNING
2b Employer Identification Number (EIN): 47-2097860
2c Sponsor's telephone number: 402-853-3491
2d Business code (see instructions): 624410
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 12
5b Total number of participants at the end of the plan year: 14
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 6
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 5
5d(1) Total number of active participants at the beginning of the plan year: 12
5d(2) Total number of active participants at the end of the plan year: 14
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 02/24/2026, TRAVIS MANLEY. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 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.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	23397	31032
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	23397	31032
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	4712	
(2) Participants	8a(2)	5403	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	4078	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		14193
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6067	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	491	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6558
i Net income (loss) (subtract line 8h from line 8c)	8i		7635
j Transfers to (from) the plan (see instructions)	8j		

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:		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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		3000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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	
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		7476
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

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. Month _____ Day _____ Year _____

If you 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**

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 a minus sign to the left of a negative amount) **12d**

e 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? Yes No

a 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 control of the PBGC? Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

Re: Form 5500 Penalty Abatement Request
Plan Name: Foundations Progressive Learning Center 401(k) Plan
EIN: 47-2097860
Plan Number: 313744
Plan Year: 2024
Notice Number: CP283

To Whom It May Concern:

I am writing in response to Notice CP283 assessing a penalty of \$21,000 for the late filing of Form 5500 for the 2024 plan year. I respectfully request abatement of this penalty based on reasonable cause and good faith compliance.

Foundations Progressive Learning Center is a small, locally owned and operated child care center serving approximately 50 children and employing eight staff members. We established our 401(k) plan following the COVID recovery period with the help of our State Department of Health & Human Services to provide meaningful benefits to our employees and help the child care sector retain employees. Administration of the plan was contracted through ADP Retirement Services because ADP already manages our payroll processing and tax compliance. We pay ongoing administrative and recordkeeping fees with the understanding that compliance requirements associated with the plan would be professionally supported and monitored.

This understanding was consistent with ADP's handling of our payroll tax filings, including Forms 941 and W2, which are prepared and filed on our behalf. During onboarding for ADP Retirement Services, it was not clearly communicated that annual Form 5500 filings were solely the responsibility of the plan sponsor or that failure to file could result in substantial statutory penalties. In fact, much of the sale to us for these services was that we could "set it and forget it" and ADP would handle everything for us.

The communications received from ADP regarding Form 5500 were automated informational emails stating that "filing is simple", that "the form would be posted to the Plan Sponsor website", and that ADP would "automatically file an extension if needed". These communications did not clearly state that the employer bore personal, active filing responsibility or that significant penalties could apply for failure to act. The messages did not indicate urgent compliance risk or that immediate action was required, so because of this and the fact they came in the form of marketing-style automated emails, these communications wound up in our Junk and Spam folders, unseen.

Participation in our plan is limited. Very often, the monthly administrative and recordkeeping fees paid to ADP for retirement plan compliance exceed the total monthly employee and employer contributions to the plan. Given the size of our workforce and the relatively small scale of plan activity compared to administrative fees for “operating” it, it was reasonable for us to believe that the ongoing compliance and recordkeeping services for which we pay would include clear management and escalation of required governmental filings, direct contact if there was ever an issue that needed resolved, or even an email from an employee at ADP checking in on us due to an approaching or missed deadline.

As a small business who retained a national payroll and retirement services provider specifically for compliance administration, We reasonably relied on that provider to communicate clearly any mandatory action items or missed deadlines. We believe we reasonably expected that the service provider retained for retirement plan administration would directly escalate any required filings or delinquency risks. No individualized outreach, compliance alert, or direct notification was provided from ADP advising that a mandatory filing deadline approached or had passed. As a result, we believed that required filings were being addressed through our service arrangement.

The plan has been operated in good faith. As it happens, the only reason I ever have filed the form 5500 is because I was alerted to the necessity through a notification in our *payroll* portal (not from ADP Retirement Services). Upon receiving that notification, I immediately completed and submitted the Form 5500 upon receipt of that notification, but by the time that notification was sent to me, we were already months-late. This delay resulted from a misunderstanding of filing responsibility and reasonable reliance on a third-party administrator, not from willful neglect. We have since implemented internal tracking procedures to ensure that all future Form 5500 filings are monitored and completed timely through self-directed reminders and calendar events.

The assessed penalty of \$21,000 feels disproportionate to the size of our organization and would create significant financial hardship for our small child care center at a time where child care is at risk in our community. We respectfully request full abatement of the penalty based on reasonable cause and our demonstrated good faith efforts to comply once aware of the requirement.

Thank you for your consideration.

Sincerely,
Travis Manley, President
Foundations Progressive Learning Center
2900 N 14th St. Ste. A
Lincoln, Nebraska 68521