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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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 [X] 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
403B THRIFT PLAN FOR CHASE HOME FOR CHILDREN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
THE CHASE HOME FOR CHILDREN

698 MIDDLE ROAD
PORTSMOUTH, NH 03801

2b Employer Identification Number (EIN) 02-2229190

2c Sponsor's telephone number 603-436-2216

2d Business code (see instructions) 623000

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.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	16
b Total number of participants at the end of the plan year	**5b**	14
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	13
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	16
d(2) Total number of active participants at the end of the plan year	**5d(2)**	13
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	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.

SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2026	KRISTY WHIPPLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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.) [X] 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.) [X] 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	92789	79225
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	92789	79225
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	-4559	
b Other income (loss)	8b	-8795	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-13354
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	210	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		210
i Net income (loss) (subtract line 8h from line 8c)	8i		-13564
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2L 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	
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	
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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

The Chase Home for Children
EIN: 02-2229190
Form: 5500
Period: December 31, 20XX
Plan #: 001

Explanation for Amended Filing and Request for Equitable Consideration
During the plan year at issue, the plan sponsor experienced a transition in third-party service providers responsible for preparing and electronically filing Form 5500. During that transition, responsibility for the filing process changed hands, access to the Department of Labor's EFAST2 system and related authorization workflow was temporarily unavailable, and the plan sponsor was unable to review, authorize, or electronically sign the filing before the deadline.

- Administrative responsibility for the Form 5500 filing process shifted between providers.
- Access to the Department of Labor's EFAST2 system (including filing credentials and authorization workflow) was temporarily unavailable.
- The plan sponsor did not have the ability to review, authorize, or electronically sign the Form 5500 prior to the filing deadline.

As a direct result of these temporary administrative disruptions, the Form 5500 deadline was inadvertently missed.

Once the issue was identified, the plan sponsor acted promptly with its service provider to complete and submit the delinquent Form 5500. However, because of the same administrative disruption and unfamiliarity associated with the provider transition, the filing was submitted without checking the DFVC Program box.

The **Delinquent Filer Voluntary Compliance Program** of the **U.S. Department of Labor** is intended to encourage voluntary correction of overdue annual reports through reduced penalties, and the filing instructions contemplate that the DFVC Program designation be made when the delinquent filing is submitted.

In light of these circumstances, the plan sponsor respectfully requests equitable consideration of this amended filing because:

The delinquent annual return was filed promptly once the issue was discovered, demonstrating a good-faith effort to come into compliance as soon as practicable.

The omission of the DFVC Program designation on the original delinquent submission was inadvertent and procedural in nature and arose from the same temporary administrative disruption associated with the service-provider transition.

This amended filing is submitted to clarify the circumstances surrounding the late filing and to provide complete context for the plan sponsor's prompt corrective actions and good-faith compliance efforts.

In short, the late filing and the related omission of the DFVC Program designation resulted from a temporary provider-transition disruption rather than willful neglect. The plan sponsor responded promptly once the issue was identified, has taken steps to improve its filing controls and prevent a recurrence, and respectfully requests equitable consideration of this amended filing in light of the inadvertent administrative circumstances described above.

BerryDunn

VIA Certified Mail/Return Receipt
May 19, 20206

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0073

Re: Chase Home for Children
EIN: 02-2229190
Form: 5500
Period: December 31, 2022
Plan #: 001

To whom it concerns:

We are writing on behalf of the above-referenced plan sponsor regarding Internal Revenue Service (IRS) Notice CP220 dated March 30, 2026 (copy enclosed). We are requesting abatement of penalties assessed for the late filing of Form 5500 for the plan year ending December 31, 2022.

The plan sponsor respectfully requests relief based on reasonable cause. The failure to timely file and properly designate the return under the Department of Labor's Delinquent Filer Voluntary Correction ("DFVC") Program was not due to willful neglect but rather arose from circumstances outside of the plan sponsor's control during a transition in service providers.

Facts and Circumstances
During the plan year at issue, the plan sponsor underwent a transition in third-party service providers responsible for the Form 5500 preparation and electronic filing. As part of this transition:

- Administrative responsibility for the Form 5500 filing process shifted between providers.
- Access to the Department of Labor's EFAST2 system (including filing credentials and authorization workflow) was temporarily unavailable.
- The plan sponsor did not have the ability to review, authorize, or electronically sign the Form 5500 prior to the filing deadline.

As a result of these circumstances, the Form 5500 filing deadline was inadvertently missed.

Once the issue was identified, the plan sponsor promptly worked with its service provider to complete and submit the Form 5500. However, due to the same administrative disruption and lack of system familiarity during the transition, the filing was submitted without checking the DFVC Program box.

Reasonable Cause Analysis
The plan sponsor exercised ordinary business care and prudence in attempting to comply with its Form 5500 filing obligations:

- The sponsor engaged qualified third-party professionals to prepare and file the return.
- The failure arose during a one-time administrative transition, not from systemic noncompliance.
- The sponsor acted promptly and in good faith to correct the filing once the issue was identified.
- There is no history of prior noncompliance with Form 5500 filing requirements.

The inability to access the EFAST2 system and complete the required approval process constitutes a circumstance beyond the plan sponsor's control, directly contributing to both the late filing and the omission of the DFVC election.

Courts and IRS guidance recognize that reasonable cause exists where a taxpayer's failure is due to events that could not be anticipated or avoided despite the exercise of ordinary care, particularly where reliance on third-party administrators is involved and the taxpayer acted in good faith.

DFVC Program Consideration

The Department of Labor's DFVC Program is specifically designed to encourage voluntary compliance and provides significantly reduced penalties where delinquent filings are corrected promptly. In this case:

- The plan sponsor took corrective action consistent with the intent of the DFVC Program by filing the delinquent return.
- The failure to formally elect DFVC treatment was inadvertent and procedural, not substantive.
- The plan sponsor would have been eligible for DFVC relief had the box been properly checked before the issuance of the IRS notice.

Given these facts, imposing full IRS penalties would be inconsistent with the underlying policy objective of encouraging voluntary correction.

Request for Relief

Based on the foregoing, we respectfully request that the IRS abate the assessed penalties in full based on reasonable cause

Conclusion

The late filing and related oversight were the result of a temporary administrative disruption during a provider transition, not willful neglect. The plan sponsor acted promptly to correct the issue and has taken steps to ensure that appropriate controls are now in place to prevent recurrence.

We appreciate your consideration of this request. Please contact Bill Enck at 207-541-2300 if additional information is needed. Attached is a copy of the executed Form 2848 – Power of Attorney.

Sincerely,

Kristin Courtemanche
Principal | Berry, Dunn McNeil & Parker, LLC

Enclosure
cc: Kristy Whipple (w/ encl.)