

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2022****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box 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  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan KIMBERLEE M ORTH 401(K) PROFIT SHARING PLAN & TRUST		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	01/01/2018
<b>2a</b> 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) KIMBERLEE M ORTH  3513 CONCORD PIKE SUITE 1000 WILMINGTON, DE 19803		<b>2b</b> Employer Identification Number (EIN)	26-1737571
		<b>2c</b> Sponsor's telephone number	302-475-5105
		<b>2d</b> Business code (see instructions)	523900
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name KIMBERLEE M ORTH <b>c</b> Plan Name		<b>4b</b> EIN	26-1737571
		<b>4d</b> PN	001
<b>5a</b> Total number of participants at the beginning of the plan year.....		<b>5a</b>	21
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b>	0
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	20
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b>	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b>	

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/22/2025	KIMBERLLE M. ORTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/31/2025	KIMBERLEE M ORTH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2022)  
v.220413

- 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.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	51313	0
<b>b</b> Total plan liabilities.....	<b>7b</b>		0
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	51313	
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>		
<b>(2)</b> Participants.....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>		
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>	-51313	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> 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.).....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> 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.....	<b>10i</b>			

**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? .....  Yes  No  
 (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.

**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

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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
EMPLOYEE BENEFIT PLAN OF EMPLOYSHARE INC	34-1832544	001

# Papaleo, Rosen & Chelf, P.A.

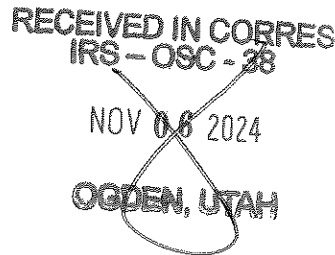
CERTIFIED  
PUBLIC  
ACCOUNTANTS

August 29, 2024

Internal Revenue Service  
Ogden, UT 84201-0018

**Certified Mail**  
**9589 0710 5270 1589 6491 06**

RE: Kimberlee M Orth  
E.I. #26-1737571  
Plan #001  
Form 5500-SF  
Tax Year: 12/31/2022



To Whom It May Concern:

We are responding to the CP406 notice dated September 30, 2024 regarding the above-named Company's 2022 Form 5500-SF. We have enclosed a letter from the Company's benefit plan provider that states that during 2022 the Kimberlee M Orth retirement plan was part of their Multiple Employer Retirement Plan. The Company believed that they had no additional filing requirement since their plan moved into the Multiple Employer Retirement Plan referenced. We have also enclosed a signed Form 5500-SF for the plan year ending 12/31/2022.

We have included a copy of the CP406 notice.

Feel free to contact me with any questions.

Very truly yours,

  
J. Jeffrey Meany, CPA

October 22, 2024

**RE:** Notice Number CP406 (Employer: Kimberlee M. Orth)

To Whom it May Concern:

This Letter is in response to the IRS Department of Treasury Notice (Notice Number CP406) for Kimberlee M. Orth for Plan Year ending 12/31/2022.

EmployShare, Inc. provides payroll and human resource administrative services to Kimberlee M. Orth. As a part of our suite of services, EmployShare, Inc. has a Multiple Employer Retirement Plan (MEP) that our clients may participate in if they wish to do so.

Please see below for an explanation as to why Kimberlee M. Orth was not required to file a 5500 for Plan Year 2022:

- On November 1, 2021, the Kimberlee M. Orth retirement plan became an affiliate/adopting employer of the EmployShare, Inc. Multiple Employer Retirement Plan.
  - At that time, Kimberlee M. Orth's prior retirement plan terminated and all plan assets and participants were moved to the EmployShare, Inc. Multiple Employer Retirement Plan.
- Under the EmployShare, Inc. MEP, the Orth plan is a Control Group consisting of the following:
  - Kimberlee M.O., LLC (FEIN: 82-3847295) – **Lead Adopting Employer**
  - Kimberlee M. Orth (FEIN: 26-1737571)

EmployShare, Inc.'s 2022 Form 5500 Filing includes Kimberlee M.O., LLC (FEIN: 82-3847295) and Kimberlee M. Orth (FEIN: 26-1737571) as a control group, under the 82-3847295 FEIN Number (as Kimberlee M.O., LLC is the lead adopting employer).

Please see below for information related to EmployShare, Inc.'s 2022 Form 5500 Filing:

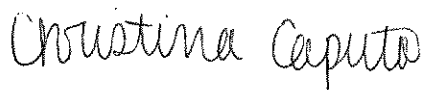
- Plan Name: Employee Benefit Plan for Employees of EmployShare, Inc. and Participating Employers
- Three-Digit Plan Number (PN): 001
- Name of Employer Who Filed the Return: EmployShare, Inc.
- EIN Used for Form 5500 Return Filing: 34-1832544

If you require additional information, please see below for my contact information:

- Name: Christina Caputo
- Title: President
- E-mail Address: [ccaputo@employshare.com](mailto:ccaputo@employshare.com)
- Telephone Number: 724-843-3340

Thank you very much for your assistance in this matter.

Sincerely,



Christina Caputo  
President  
EmployShare, Inc.

NUMBER OF THIS NOTICE: CP-406  
DATE OF THIS NOTICE: 09-30-2024  
TAXPAYER IDENT. NUM: 26-1737571  
FORM: 5500SF PLAN #: 001  
PLAN YEAR ENDING: 12-31-2022

KIMBERLEE M ORTH  
3513 CONCORD PIKE STE 1000  
WILMINGTON DE 19803-5073509

01133

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form      Employer Identification  
Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number  
number:

Section II

Not Required to File

Please check the box that applies to you, a form was not filed  
because:

- Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- Plan in question is a Simplified Employee Pension (SEP).
- Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- Other: \_\_\_\_\_

Section III

Reason for not filing on time

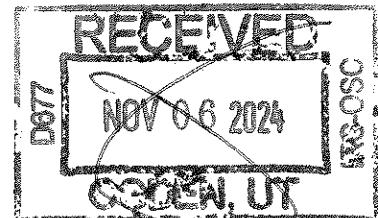
Explain why you did not file on time:

*See attached correspondence.*

**#52**

NOV 07 2024

RECEIVED ENTIRE COPY



**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box 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

an amended return/report  a short plan year return/report (less than 12 months)

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program

special extension (enter description)

**D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <b>KIMBERLEE M ORTH 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>2a</b> 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) <b>KIMBERLEE M ORTH</b> <b>3513 CONCORD PIKE SUITE 1000</b> <b>WILMINGTON DE 19803</b>	<b>1c</b> Effective date of plan <b>01/01/2018</b>
	<b>2b</b> Employer identification number (EIN) <b>26-1737571</b>
	<b>2c</b> Sponsor's telephone number <b>302-475-5105</b>
	<b>2d</b> Business code (see instructions) <b>523900</b>
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>KIMBERLEE M ORTH</b> <b>c</b> Plan Name	<b>4b</b> EIN <b>26-1737571</b> <b>4d</b> PN <b>001</b>
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b> <b>21</b>
<b>b</b> Total number of participants at the end of the plan year	<b>5b</b> <b>0</b>
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>5c</b>
<b>d(1)</b> Total number of active participants at the beginning of the plan year	<b>5d(1)</b> <b>20</b>
<b>d(2)</b> Total number of active participants at the end of the plan year	<b>5d(2)</b> <b>0</b>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5e</b> <b>0</b>

RECEIVED IN CORRESPONDENCE  
IRS - OSC - 38  
NOV 06 2024  
OGDEN, UTAH

**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.

<b>SIGN HERE</b>	<i>Kimberlee M Orth</i>	10/28/24	<b>KIMBERLEE M. ORTH</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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
<b>a</b> Total plan assets	7a	51313	0
<b>b</b> Total plan liabilities	7b		
<b>c</b> Net plan assets (subtract line 7b from line 7a)	7c	51313	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
<b>b</b> Other income (loss)	8b		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8d	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)		8e	
<b>f</b> Administrative service providers (salaries, fees, commissions)		8f	
<b>g</b> Other expenses		8g	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)		8h	
<b>i</b> Net income (loss) (subtract line 8h from line 8c)		8i	
<b>j</b> 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:  
**2A 2E 2F 2G 2J 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
<b>a</b> 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)	10a		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
<b>c</b> Was the plan covered by a fidelity bond?	10c		X	
<b>d</b> 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	
<b>e</b> 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	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	10f		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
<b>i</b> 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  
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)
<b>EMPLOYEE BENEFIT PLAN OF EMPLOYSHARE INC</b>	<b>34-1832544</b>	<b>001</b>