Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

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 01/01/2020 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ________

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [X] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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
PROBUSALLISONWBERGY23T25

1b Three-digit plan number (PN) ▶ 062

1c Effective date of plan
01/01/2020

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)

GURUPRASAD SRIHARI
ALLISON WEINBERG
JASON BARRO TTEE

836, 16TH MAIN RD BANASHANKARI STAGE
BENGALURU, KARNATAKA 560070 IN

300 W END AVENUE
APT 302
NEW YORK, NY 10023

2b Employer Identification Number (EIN)
47-6485096

2c Plan Sponsor's telephone number
+919482912724

2d Business code (see instructions)
541990

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 accompanying schedules, statements and attachments, 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.	03/25/2026	GURUPRASAD SRIHARI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/25/2026	GURUPRASAD SRIHARI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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
a Sponsor's name	
c Plan Name	**4d** PN

5	Total number of participants at the beginning of the plan year	**5**	8
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	6
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	8
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	6
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	6
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C

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

4U

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [X] Code section 412(e)(3) insurance contracts	(2) [X] Code section 412(e)(3) insurance contracts
(3) [ ] Trust	(3) [ ] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [ ] **R** (Retirement Plan Information)
- (2) [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached ______
- (5) [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [ ] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached ______
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .... ☐ Yes ☒ No

If “Yes” is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☒ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2020 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PROBUSALLISONWBERGY23T25

B Three-digit plan number (PN) ▶ 062

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GURUPRASAD SRIHARI

D Employer Identification Number (EIN)
47-6485096

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b Assets		
(1) Current value of assets	**1b(1)**	6000
(2) Actuarial value of assets for funding standard account	**1b(2)**	3200
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	100
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**1c(2)(a)**	4500
(b) Accrued liability under entry age normal method	**1c(2)(b)**	1000
(c) Normal cost under entry age normal method	**1c(2)(c)**	1400
(3) Accrued liability under unit credit cost method	**1c(3)**	4000
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	700
(2) "RPA '94" information:		
(a) Current liability	**1d(2)(a)**	800
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	450
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	400
(3) Expected plan disbursements for the plan year	**1d(3)**	350

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

01/01/2024
Date

GURUPRASAD SRIHARI
Type or print name of actuary

23-65494
Most recent enrollment number

ALLISON WEINBERG
Firm name

+919482912724
Telephone number (including area code)

300 W END AVE
NEW YORK, NY 10023
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**	6000

b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment	4	400
(2) For terminated vested participants	4	0
(3) For active participants:		
(a) Non-vested benefits		4000
(b) Vested benefits		2500
(c) Total active	2000	6500
(4) Total	2008	6900

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/01/2025	400	200			
			Totals ► **3(b)**	400	**3(c)** 200

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	600

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	80.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☒ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☒ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability .... **6a** 8.00 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		[X] Yes [ ] No [ ] N/A	[X] Yes [ ] No [ ] N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	AD12J5	AD12J5
(2) Females	**6c(2)**	AD12J5	AD12J5
d Valuation liability interest rate	**6d**	3.50 %	3.50 %
e Salary scale	**6e**	% [ ] N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	[ ] Single rate [ ] ERISA 4044 [ ] Other [X] N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	2.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	3.5 %
i Expense load included in normal cost reported in line 9b	**6i**	[X] N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	[ ]

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. .... [ ] Yes [X] No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). .... [X] Yes [ ] No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. [ ] Yes [X] No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .... [ ] Yes [X] No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		[ ] Yes [ ] No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		[ ] Yes [ ] No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		[ ] Yes [ ] No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	300
b Employer's normal cost for plan year as of valuation date	**9b**	1400

			Outstanding balance	
c	Amortization charges as of valuation date:			
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1200	800
	(2) Funding waivers	**9c(2)**		
	(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	
d	Interest as applicable on lines 9a, 9b, and 9c		**9d**	200
e	Total charges. Add lines 9a through 9d		**9e**	2700
	Credits to funding standard account:			
f	Prior year credit balance, if any		**9f**	
g	Employer contributions. Total from column (b) of line 3		**9g**	400
			Outstanding balance	
h	Amortization credits as of valuation date	**9h**		
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	600	
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		
	(3) FFL credit		**9j(3)**	200
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	600
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	2100
o	Current year's accumulated reconciliation account:			
	(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
	(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
	(3) Total as of valuation date		**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	200

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Service Provider Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2020 and ending 12/31/2024

A Name of plan PROBUSALLISONWBERGY23T25	**B** Three-digit plan number (PN) ▶ 062
C Plan sponsor's name as shown on line 2a of Form 5500 GURUPRASAD SRIHARI	**D** Employer Identification Number (EIN) 47-6485096

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered “Yes” to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GURUPRASAD SRIHARI

300 W END AVE
NEW YORK, NY 10023

47-6485096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	OFFICIAL	4000	Yes [X] No [ ]	Yes [ ] No [X]	1200	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GURUPRASAD SRIHARI		2000

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHILDRENS BOOKS FOR IMPOVERISHED LI 47-3486057	18 CHERRY LANE TROY, NY 12180	PERSONA CRAN STAN CE EMBOWS ENSIGNS LAUD EE WHIT ENSCHREWED ADVISE PRESIDENT INTERNAL AFFAIRS US CITIZEN CITE VIDE BILL CLINTON. PHYSQ.. VIDED HER DS LAURENE S PHYSQ.. K NOWS LEGAL AFFAIRS KNOB US CONSTITUTIONAL AFFAIRS RUDIMENTED KNOWS BASIS JOURNAL

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GURUPRASAD SRIHARI	22	4000

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLISON WEINBERG 47-6485096	300 W END AVE NEW YORK, NY 10023	WHIT PERFORES PARETE STAT EXAMPTS DENCE VIDE PARETES EXONES OMPERSECUATABILITY STAN CE CRAN ORDS ENSIGNS EMBOWS. ENCROWS VALUE ARITICULATES .. AS RESOURCES, EMBALED SILVER, ORES, ETC SHRINES PRECIOUS STONES, AG, COMPOUNDS CHEM PRESERVE RARE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

FON #2502747 Summary

Closed

Landowner Reports

2025 Report: Complete

View

2026 Report: Not Required

A previous year's report indicated harvesting as complete.

2027 Report: Not Required

A previous year's report indicated harvesting as complete.

What is the Landowner Report?

Forest landowners who file a "Forest Operations Notification" with at least one harvest activity are required to complete a Landowner Report **each year** between the operation start and end dates, **whether or not a harvest occurred** until a Landowner Report is submitted indicating that the harvest is complete. Our records indicate that this Notification requires landowner reporting, which must be done by either the **landowner** or the **designated agent** listed on the Notification.

THIS INFORMATION IS CONFIDENTIAL.

How is the Landowner Report used?

As mandated by the legislature, the Maine Forest Service uses information from this report to:

- Produce the Silvicultural Activities Report and the annual Stumpage Price Report.
- Determine timberland valuations in the Tree Growth Tax Program.
- Monitor trends in forest management activities.

Who needs to fill this out?

It is important for the landowner (or designated agent) to complete this report accurately.

When is this report due?

Please complete each Landowner Report no later than **January 31** that follows the reporting year.

Certifications

Certified by Guruprasad Srihari on 12/22/2025 at 07:36 AM

Forest Operations Contacts

Please check that the correct people have been identified as the relevant and required Contacts. If you need to make corrections, please return to the Contacts page.

Landowner

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 210 W sixth street, Apt 302, Erie, Pennsylvania 16507

Mailing Address: 836 16th main road, Banashankari 2 stage, Bangalore, Karnataka 560070

Ownership of lands in Maine:
11-100 acres

Ownership Type:
Non-Industrial Land (private woodlot)

The contact information for this landowner is designated by law as confidential. [12 M.R.S. §8883-B (8)] If this Forest Operations Notifications is shared with others, the landowner contact information (address, email, phone number) must be redacted to comply with state law.

Designated Agent

None Indicated

Harvester/Operator

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 210 W sixth street, Apt 302, Erie, Pennsylvania 16507

Mailing Address: 836 16th main road, Banashankari 2 stage, Bangalore, Karnataka 560070

Licensed Forester

None Indicated

Overview

Please check the following overview information about this Forest Operation Notification. If you need to make corrections, please return to the Overview page.

Operation Start Date:
12/21/2025

Operation End Date:
12/21/2027

Town, Township, or Plantation:
Lamoine

County:

County:
Hancock

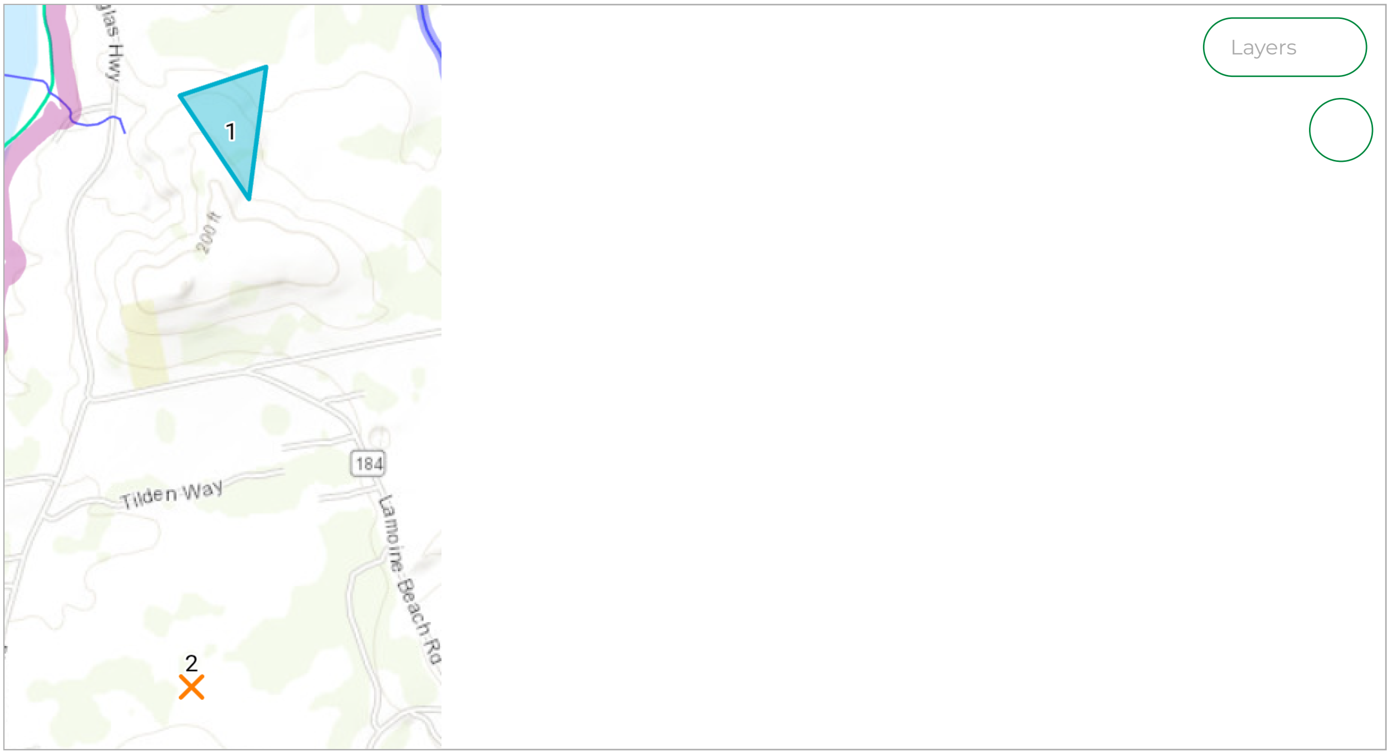
Name of nearest all-weather road:
Barne

Property Parcel Acreage:
6 acres

- This parcel **WAS NOT** purchased within the past five years.

Map

Please check that the map below displays all the proposed activities for this FON. If you need to make corrections, please return to the Mapping page.



Activity ID: 1
Activity Type: Harvest
Calculated Size: 18.9 Acres

Activity ID: 2
Activity Type: Water Crossing
Permanent?: Permanent
Structure Type: Skid Trail Crossing

This map is ADVISORY, for planning purposes only. Actual ground conditions, water body locations, and current regulations determine where and how MFS timber harvesting rules apply. Contact a MFS Forester for additional information/assistance.

Activity Details

Please check the following information about proposed activities. If you need to make corrections, please return to the Activity Details page.

Harvest Activities

Total size of the area to be harvested:
1 acres

- The land that you intend to harvest **IS** taxed under the Maine Tree Growth Tax Law.
- The land use **WILL NOT** be converted to something other than forest within 2 years.
- Harvest **WILL NOT** create clearcuts larger than 20 acres.
- Harvest **WILL NOT** create clearcuts larger than 75 acres.
- Harvesting **WILL NOT** be within a 250-foot wide regulated area adjacent to a Great Pond, river or regulated wetland, and/or within a 75-foot wide regulated area adjacent to a stream (including unmapped streams)
- You **WILL** be adding wood to a stream that is consistent with the MFS Chapter 25 Rule.

Road Construction Activities

No Road Construction Activity is proposed

Water Crossing Activities

Water crossing(s) **WILL** be constructed as part of this Operation. Please review water crossing requirements in the Important Reminders section below.

Maine Forest Service Contacts

District Forester

Name:
Steve MacDonald

Physical Address:
258 US Route 1
Hancock, Maine 04640

Mailing Address:
258 US Route 1
Hancock, Maine 04640

Phone: (207) 215-6074

Email: stephen.d.macdonald@maine.gov

Forest Protection Central Region Office

Address:
87 Airport Road

87 Airport Road
Old Town, Maine 04468

Phone: (207) 827-1800

Email: Maine.Forestrangers@maine.gov

Important Reminders

The Maine Forest Service is available to answer questions and assist landowners with planning your forest management activities. Maine Forest Service strongly recommends that you:

- ✔ Check with the town or municipality about any local ordinances that may apply to your activity.
- ✔ Be familiar with **ALL** rules that apply to your activity **BEFORE** you begin your activities.
- ✔ Plan your harvest well in advance!

Harvest Reminders

This Operation will be adding wood to a stream consistent with Maine Forest Service Chapter 25 rule. Before beginning harvest operations, you must submit a written Harvest Plan to the Maine Forest Service for approval. Please contact us about your activity at forestinfo@maine.gov or 207-287-2791.

Road Construction Reminders

There are no important reminders.

Water Crossing Reminders

You have indicated that you plan to install one or more permanent water crossings in a Statewide Standards town. Please contact the Maine Forest Service for more information. ***NOTE:*** A permit must be submitted 60 days prior to the construction of any new permanent crossing or the replacement of a permanent crossing of any waterbody subject to a 250' shoreland area, non-forested freshwater wetlands larger than 4,300 square feet and any crossing that will not conform to Permit-by-Rule standards.

General Reminders

Your proposed activity is in an area where the following forestry quarantines are in place:
European Larch Canker
Spongy Moth
Hemlock Woolly Adelgid

Your activity occurs in a town that abuts rivers and streams with important Atlantic salmon habitat.

Amendments

Actions	File Name	Uploaded By	Uploaded On

No amendments were uploaded to this notification.

FON #2501376 Summary

Closed

Landowner Reports

2025 Report: Complete

View

2026 Report: Complete

View

2027 Report: Not Required

A previous year's report indicated harvesting as complete.

What is the Landowner Report?

Forest landowners who file a "Forest Operations Notification" with at least one harvest activity are required to complete a Landowner Report **each year** between the operation start and end dates, **whether or not a harvest occurred** until a Landowner Report is submitted indicating that the harvest is complete. Our records indicate that this Notification requires landowner reporting, which must be done by either the **landowner** or the **designated agent** listed on the Notification.

THIS INFORMATION IS CONFIDENTIAL.

How is the Landowner Report used?

As mandated by the legislature, the Maine Forest Service uses information from this report to:

- Produce the Silvicultural Activities Report and the annual Stumpage Price Report.
- Determine timberland valuations in the Tree Growth Tax Program.
- Monitor trends in forest management activities.

Who needs to fill this out?

It is important for the landowner (or designated agent) to complete this report accurately.

When is this report due?

Please complete each Landowner Report no later than **January 31** that follows the reporting year.

Certifications

Certified by Guruprasad Srihari on 07/09/2025 at 03:53 PM

Forest Operations Contacts

Please check that the correct people have been identified as the relevant and required Contacts. If you need to make corrections, please return to the Contacts page.

Landowner

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 137 lydon street , 7832, Brewer, Maine 04412

Mailing Address: 836, 16th Main Road, Bsk 2 stage, 7832, Bangalore India, KARNATAKA 560070

Ownership of lands in Maine:
11-100 acres

Ownership Type:
Other Forest Ownership (e.g. government)

The contact information for this landowner is designated by law as confidential. [12 M.R.S. §8883-B (8)] If this Forest Operations Notifications is shared with others, the landowner contact information (address, email, phone number) must be redacted to comply with state law.

Designated Agent

None Indicated

Harvester/Operator

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 137 lydon street , 7832, Brewer, Maine 04412

Mailing Address: 836, 16th Main Road, Bsk 2 stage, 7832, Bangalore India, KARNATAKA 560070

Licensed Forester

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 137 lydon street , 7832, Brewer, Maine 04412

Mailing Address: 836, 16th Main Road, Bsk 2 stage, 7832, Bangalore India, KARNATAKA 560070

License Number:
LF9343891680

License Status Search

Overview

Operation Start Date:
07/08/2025

Operation End Date:
07/08/2027

Town, Township, or Plantation:
Oakland

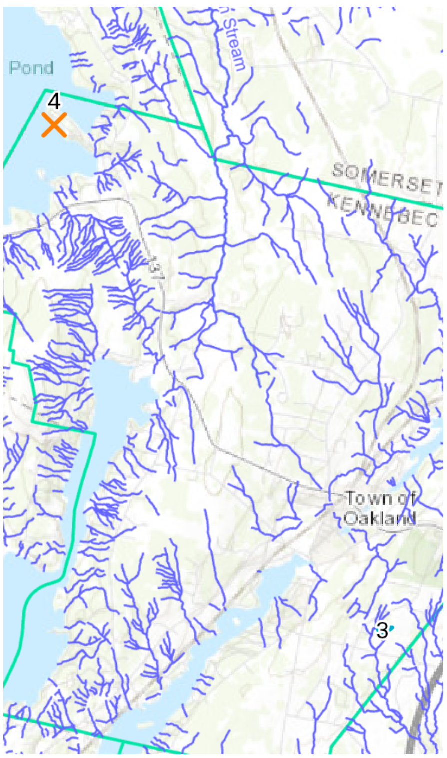
County:
Kennebec

Name of nearest all-weather road:
Lafayette

Property Parcel Acreage:
15 acres

- This parcel **WAS NOT** purchased within the past five years.

Map



Activity ID: 3

Activity Type: Harvest

Calculated Size: 3.2 Acres

Activity ID: 4

Activity Type: Water Crossing

Permanent?: Permanent

Structure Type: Skid Trail Crossing

This map is ADVISORY, for planning purposes only. Actual ground conditions, water body locations, and current regulations determine where and how MFS timber harvesting rules apply. Contact a MFS Forester for additional information/assistance.

Activity Details

Please check the following information about proposed activities. If you need to make corrections, please return to the Activity Details page.

Harvest Activities

Total size of the area to be harvested:
1 acres

- The land that you intend to harvest **IS** taxed under the Maine Tree Growth Tax Law.
- The land use **WILL NOT** be converted to something other than forest within 2 years.
- Harvest **WILL NOT** create clearcuts larger than 20 acres.
- Harvest **WILL NOT** create clearcuts larger than 75 acres.
- Harvesting **WILL NOT** be within a 250-foot wide regulated area adjacent to a Great Pond, river or regulated wetland, and/or within a 75-foot wide regulated area adjacent to a stream (including unmapped streams)
- You **WILL NOT** be adding wood to a stream that is consistent with the MFS Chapter 25 Rule.

Road Construction Activities

No Road Construction Activity is proposed

Water Crossing Activities

Water crossing(s) **WILL** be constructed as part of this Operation. Please review water crossing requirements in the Important Reminders section below.

Maine Forest Service Contacts

District Forester

Name:
Julie Davenport

Physical Address:
564 Skowhegan Road
Norridgewock, Maine 04957

Mailing Address:
PO Box 416
Norridgewock, Maine 04957

Phone: (207) 592-2238

Email: julie.davenport@maine.gov

Forest Protection Southern Region Office

Address:
2870 North Belfast Ave
Augusta, Maine 04330

Phone: (207) 624-3700

Email: Maine.Forestrangers@maine.gov

Important Reminders

The Maine Forest Service is available to answer questions and assist landowners with planning your forest management activities. Maine Forest Service strongly recommends that you:

- ✔ Check with the town or municipality about any local ordinances that may apply to your activity.
- ✔ Be familiar with **ALL** rules that apply to your activity **BEFORE** you begin your activities.
- ✔ Plan your harvest well in advance!

Harvest Reminders

There are no important reminders.

Road Construction Reminders

There are no important reminders.

Water Crossing Reminders

You have indicated that you plan to install one or more permanent water crossings in a Statewide Standards town. Please contact the Maine Forest Service for more information. ***NOTE:*** A permit must be submitted 60 days prior to the construction of any new permanent crossing or the replacement of a permanent crossing of any waterbody subject to a 250’ shoreland area, non-forested freshwater wetlands larger than 4,300 square feet and any crossing that will not conform to Permit-by-Rule standards.

General Reminders

Your proposed activity is in an area where the following forestry quarantines are in place:
Hemlock Woolly Adelgid
Spongy Moth
Emerald Ash Borer

Your activity occurs in a town that abuts rivers and streams with important Atlantic salmon habitat.

Amendments

Actions	File Name	Uploaded By	Uploaded On

No amendments were uploaded to this notification.

Landowner Report Summary

Notification #2501376

General Details

LOR Reporting Year:
2025

Town, Township, or Plantation:
Oakland

County:
Kennebec

Landowner Contact

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 137 lydon street , 7832, Brewer, Maine 04412

Mailing Address: 836, 16th Main Road, Bsk 2 stage, 7832, Bangalore India, KARNATAKA 560070

- This property **WAS** harvested during this year.
- There **WERE** non-harvest activities during this reporting year.

Method of Payment or Type of Sale:
This harvest was conducted under a contract for logging service (CLS)

Involvement Details

- A Written Management Plan **WAS** developed for this property.
- A Maine Licensed Forester **DID** supervise this harvest.

Licensed Forester / License Number:
Guruprasad Srihari / LF9343891680

Operator/Harvester Contact

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 137 lydon street , 7832, Brewer, Maine 04412

Mailing Address: 836, 16th Main Road, Bsk 2 stage, 7832, Bangalore India, KARNATAKA 560070

Broker(s)/Exporter(s)

- Forest products **WERE** exported outside of Maine or sold to a broker for export.

Name:
DONALD H BYE ESTATE SCOTT R TOWLE EX
Address: 52 Estes road, Rochester, Maine 03839

Activity Details

Harvest Information

Partial cut:
1 acres

Initial/Intermediate Shelterwood Harvest:
1 acres

Final/Overstory Removal Shelterwood Harvest:
0 acres

Clear Cut Harvest(s): None

Change of Land Use

No change of land use was indicated.

Non-Harvest Information

Herbicide Treatment:

Site Preparation:
1 acres

Release Acres:
1 acres

Non-Commercial Thinning:
0 acres

Tree Planting:

1. : 2 acres

Additional Information:
None

Stumpage Details

Stumpage is being reported using **IMPUTED** prices.

Standard Products

Product Type	Species/Group	Volume	Stumpage Price
Palletwood	Hardwood	110.00 board feet	$30.00 per MBF (thousand board feet)
Firewood	Hardwood	60.00 green tons	$50.00 per green ton

Specialty Products

Specialty Products

Product Type	Species/Group	Units Harvested/Sold	Stumpage Price
No Specialty Products reported.			

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	OMB No. 1210-0110 **2025** **This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PROBUSALLISONWBERGY23T25	**B** Three-digit plan number (PN) ▶ 062
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GURUPRASAD SRIHARI	**D** Employer Identification Number (EIN) 47-6485096

E Type of plan: **(1)** ☒ Multiemployer Defined Benefit **(2)** ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b Assets		
(1) Current value of assets	**1b(1)**	6000
(2) Actuarial value of assets for funding standard account	**1b(2)**	3200
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	100
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**1c(2)(a)**	4500
(b) Accrued liability under entry age normal method	**1c(2)(b)**	1000
(c) Normal cost under entry age normal method	**1c(2)(c)**	1400
(3) Accrued liability under unit credit cost method	**1c(3)**	4000
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	700
(2) "RPA '94" information**:**		
(a) Current liability	**1d(2)(a)**	800
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	450
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	400
(3) Expected plan disbursements for the plan year	**1d(3)**	350

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	01/01/2025 Date
GURUPRASAD SRIHARI Type or print name of actuary	23-65494 Most recent enrollment number
ALLISON WEINBERG Firm name	+919482912724 Telephone number (including area code)
300 W END AVE NEW YORK, NY 10023 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	6000
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4	400
(2) For terminated vested participants		4	0
(3) For active participants:			
(a) Non-vested benefits			4000
(b) Vested benefits			2500
(c) Total active		2000	6500
(4) Total		2008	6900
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/01/2025	400	200			
			Totals ► **3(b)**	400	**3(c)** 200

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 600

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) **4a** 80.0 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

f If the plan is in critical status or critical and declining status, and is:
- Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;
- Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ]
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

4f

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [X] Attained age normal **b** [ ] Entry age normal **c** [ ] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [ ] No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 8.00 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		[X] Yes [ ] No [ ] N/A	[X] Yes [ ] No [ ] N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	AD12J5	AD12J5
(2) Females	**6c(2)**	AD12J5	AD12J5
d Valuation liability interest rate	**6d**	3.50 %	3.50%
e Salary scale	**6e**	% [ ] N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	[ ] Single rate [ ] ERISA 4044 [ ] Other [X] N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	2.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.0%
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	3.5%
i Expense load included in normal cost reported in line 9b	**6i**	[X] N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	[ ]

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ..... [ ] Yes [X] No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ..... [X] Yes [ ] No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. [ ] Yes [X] No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... [ ] Yes [X] No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... [ ] Yes [ ] No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... [ ] Yes [ ] No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... [ ] Yes [ ] No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). **8e**

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	300
b Employer's normal cost for plan year as of valuation date	**9b**	1400

			Outstanding balance	
c	Amortization charges as of valuation date:			
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1200	800
	(2) Funding waivers	**9c(2)**		
	(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	
d	Interest as applicable on lines 9a, 9b, and 9c		**9d**	200
e	Total charges. Add lines 9a through 9d		**9e**	2700
	Credits to funding standard account:			
f	Prior year credit balance, if any		**9f**	
g	Employer contributions. Total from column (b) of line 3		**9g**	400
			Outstanding balance	
h	Amortization credits as of valuation date	**9h**		
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	600	
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		
	(3) FFL credit		**9j(3)**	200
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	600
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	2100
o	Current year's accumulated reconciliation account:			
	(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
	(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
	(3) Total as of valuation date		**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	200

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No