Foi	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be file	otiromont	2017					
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information							
For calend	ar plan year 2017 or fisc				2/31/2017 Filora chool	ving this hav must attach a			
A This ret	turn/report is for:	a one-participant plan							
B This rot	urn/report is	a one-participant plan							
	B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the final return/report Image: the final return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report								
	l	an amended return/report	a short plan year retu	urn/report (less than 12 m	2 months)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Part II	Basic Plan Infor								
1a Name	•	1b Three							
I THINK SO	LUTIONS, INC. PENSIC	plan (PN)	number 001						
		()	tive date of plan						
						01/01/2017			
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 46-5550076			
•	town, state or province, UTIONS, INC.	, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Spor	nsor's telephone number 917-923-6613			
					2d Busir	ness code (see instructions)			
11 LANGER MONSEY, N						541519			
	1 10002								
3a Plan a	dministrator's name and	I address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
		sor's name, EIN, the plan name a	5	•					
	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants a	t the beginning of the plan year			5a	3			
		t the end of the plan year			5b	3			
C Numb	er of participants with a	ccount balances as of the end of	the plan year (only define	ed contribution plans	5c				
	,	cipants at the beginning of the pl			5d(1)	3			
		icipants at the end of the plan yea	•		5d(2)	3			
• • •	•	erminated employment during the			5e	0			
than	100% vested	in somelete filing of this setur				-			
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 S									
SB or Sche		signed by an enrolled actuary, a							
SIGN		alid electronic signature.	07/11/2018	BARRY LAMPERT					
HERE					as nlan administrator				
					ao pian aominiorator				
SIGN HERE Filed with authorized/valid electronic signature. 07/11/2018 BARRY LAMPERT Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						as amployer or plan sponsor			
For Paperw		er/pian sponsor	Date D-SF		uai siyililiy i	Form 5500-SF (2017)			

Pape

v.170203

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.)										
			,								
С	If the plan is a defined benefit plan, is it covered under the PBGC ir										
	If "Yes" is checked, enter the My PAA confirmation number from th										
Do	rt III Financial Information										
7	Plan Assets and Liabilities						(b) End of Yoor				
<u>′</u>	Total plan assets	. 7a	(a) Beginning ((b) End of Year 350000				
· · · ·	Total plan liabilities	7a 7b		0			0				
-	Net plan assets (subtract line 7b from line 7a)	7c		0			350000				
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun	nt -			(b) Total				
a											
	(1) Employers	3	50000								
	(2) Participants		0								
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		0							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					350000				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)			0							
f		8e 8f			_						
<u> </u>	Administrative service providers (salaries, fees, commissions)			0							
<u> </u>	Other expenses (add lines of se of and se)	. 8g		0	-		0				
i	Total expenses (add lines 8d, 8e, 8f, and 8g)			350000							
<u>+</u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i					350000				
,		8j		0							
Ра 9а	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footuro oo	dag from the List of D	on Cha	rootori	otio Co	adag in the instructions.				
94	1C			an Gha	lacteri						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:				
Par	t V Compliance Questions						Γ				
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V										
	Program)		•	10a		Х					
b				401		х					
	reported on line 10a.) Was the plan covered by a fidelity bond?			10b	~	~					
				10c	Х		35000				
	by fraud or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som										
	the plan? (See instructions.)										
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	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i											

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 o	f		Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the] [Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)

	SCHEDULE SB	Single-Emplo	over Define	d Ber	nefit Plan			OMB 1	No. 1210-0110	
	(Form 5500)		arial Inform						2017	
	Department of the Treasury Internal Revenue Service	This schodule is required.	to be filed under a	action 10	4 of the Employ					
	Department of Labor Employee Benefits Security Administration	This schedule is required Retirement Income Securit Internal		SA) and	section 6059 of		т		is Open to P spection	ublic
	Pension Benefit Guaranty Corporation		achment to Form	5500 or						
	calendar plan year 2017 or fiscal pla)17		and endi	ng 12/	'31/20 ⁻	17		
	Round off amounts to nearest doll Caution: A penalty of \$1,000 will be		port unloss rossor	able cau	ico ic octablich	d				
	lame of plan	assessed for late filling of this re	eport unless reasor		B Three-d					
	THINK SOLUTIONS, INC. PENSION	N TRUST				nber (PN	N)	•	001	
СР	lan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF			D Employe	r Identific	cation	Number (I	EIN)	
	THINK SOLUTIONS, INC.					46-55	50076			
			-		_					
ΕT	ype of plan: X Single Multiple-	A Multiple-B	F Prior year pla	an size: 🔉	100 or fewer	101	-500	More t	han 500	
Pa	art I Basic Information									
1	Enter the valuation date:	Month <u>12</u> Day <u>3</u>	1 Year <u>20</u>)17						
2	Assets:					2a				0
	a Market value b Actuarial value					. 2a 2b				0
3	Funding target/participant count bre			r	Number of		ested F	unding	(3) Total F	
•					rticipants	. ,	Targe	et	Targe	et
	a For retired participants and bene	01 9		-	0			0		0
	b For terminated vested participant				0			0		0
	C For active participants				0			0		0
4	d Total If the plan is in at-risk status, check			<u>і </u>	0			0		0
4		,		L		40				
	a Funding target disregarding presb Funding target reflecting at-risk a	•				4a				
	at-risk status for fewer than five of	consecutive years and disregard	ling loading factor			4b)			
5	Effective interest rate					5				4.16%
6	Target normal cost					6			33	32362
T a	o the best of my knowledge, the information sup coordance with applicable law and regulations. In ombination, offer my best estimate of anticipated	n my opinion, each other assumption is rea								
-	SIGN IERE							07/09/201	18	
•		ignature of actuary						Date		
D	ANIEL LISS, EA, MSPA	5 .						17-0739	5	
	Туре с	or print name of actuary				Most	recen	t enrollme	ent number	
E	CONOMIC GROUP PENSION SERV	ICES INC					2	12-494-90	000	
20 Ni	7 WEST 25TH STREET, 9TH FLOC EW YORK, NY 10001	Firm name PR			Т	elephone	e num	ber (includ	ding area code	e)
		Address of the firm			_					
	actuary has not fully reflected any re	gulation or ruling promulgated u	under the statute in	o complet	ing this schedu	le, checł	the b	ox and se	e	
	Paperwork Reduction Act Notice,	see the Instructions for Form	5500 or 5500-SF.				S	chedule S	6B (Form 550 v.	0) 2017 170203

P	art II	Begir	nning of Year	Carryov	ver and Prefunding Bal	lances							
_							(a) Ca	arryover balance		(b) P	Prefundir	ng bala	ance
7		0	0 1 3		able adjustments (line 13 from	•		()				0
8				•	nding requirement (line 35 fro			()				0
9	Amount	remaining	g (line 7 minus line	8)				()				0
10	Interest	on line 9 (using prior year's a	actual retu	rn of%			()				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	a Prese	nt value o	of excess contributi	ons (line 3	38a from prior year)								0
					a over line 38b from prior year e interest rate of%								0
	b(2) Ini	terest on I	line 38b from prior	year Sche	edule SB, using prior year's ad	tual							0
													0
	C Total available at beginning of current plan year to add to prefunding balance												0
	d Portion of (c) to be added to prefunding balance												0
12	2 Other reductions in balances due to elections or deemed elections							()				0
13	Balance	at beginn	ning of current year	r (line 9 +	line 10 + line 11d – line 12)			()				0
F	Part III	Fun	ding Percenta	iges									
14	14 Funding target attainment percentage										14	1	00.00%
	15 Adjusted funding target attainment percentage											1/	03.77%
16			• • • •	•	of determining whether carryo	•	-		16		<mark>0.00</mark> %		
17	If the cu	rrent value	e of the assets of t	he plan is	less than 70 percent of the fu	inding target,	rget, enter such percentage.						%
P	art IV	Con	tributions and	d Liquid	lity Shortfalls								
18					ar by employer(s) and employ								
((a) Dat MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer((c	Amour (: emplo	•	by
	01/09/201	8		200000	0								
0	04/11/201	8		150000	0								
						Totals ►	19(b)		05000	19(0)	1		
10	Discours	4 a al a mana la					18(b)	haning of the s	35000	00 18(c)	<u> </u>		0
19	19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the yes							/ear: 19a					
a Contributions allocated toward unpaid minimum required contributions from prior years.								19a 19b				0	
	b Contributions made to avoid restrictions adjusted to valuation date								190 19c			- 24	0
20	 C Contributions allocated toward minimum required contribution for current year adjusted in 20. Quarterly contributions and liquidity obstifullo; 						alualion da	ai c	190			34	8116
 20 Quarterly contributions and liquidity shortfalls: 2 Did the plan have a "funding shortfall" for the prior year? 											Yes	X No	
	a Did the plan have a "funding shortfall" for the prior year?b If line 20a is "Yes," were required quarterly installments for the current year made in a statistical statistical									님	Yes		
								Γ					
	C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this p						this plan v	vear					
		(1) 1s	t		(2) 2nd			3rd			(4) 4th	. <u> </u>	

Page 3

P	Part V	Assumpti	ons Used to Determine	e Funding Target and	Target Normal Cost						
21									_	_	
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment 6.48 %			N/A, ful	yield	curve	used
	b Applic	able month (en	nter code)			. 21b			3		
22	Weighted	d average retire	ement age			. 22			67		
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	Prescribed - separate	Subst	titute				
Pa	art VI	Miscellane	ous Items		-						
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regardin attachment.											× No
25											× No
26	Is the pla	an required to p	provide a Schedule of Active F	Participants? If "Yes," see in	structions regarding required	attachme	ent		×	Yes	No
27		•	alternative funding rules, ente		• •	27					
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contrib	utions For Prior Years						
28	Unpaid n	ninimum requir	ed contributions for all prior ye	ears		. 28					0
29			ontributions allocated toward u			29					0
30	Remainir	ng amount of u	inpaid minimum required conti	ributions (line 28 minus line	29)	. 30					0
Pa	art VIII	Minimum	Required Contribution	For Current Year							
31	Target n	ormal cost and	d excess assets (see instruction	ons):							
	a Target	normal cost (lir	ne 6)			. 31a				332	362
	b Excess	s assets, if app	licable, but not greater than lir	ne 31a		. 31b					0
32	Amortiza	tion installmen	its:		Outstanding Bala	ance		In	stallme	ent	
	a Net sh	ortfall amortiza	tion installment			0					0
	b Waiver	r amortization i	installment			0					0
33			proved for this plan year, ente ay Year	•	• • • • •	33					
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines :	31a - 31b + 32a + 32b - 33)	. 34				332	362
				Carryover balance	Prefunding bala	nce		Tot	al bala	ince	
35			se to offset funding								
36	Additiona	al cash require	ment (line 34 minus line 35)			. 36				332	362
37			toward minimum required cor			37				348	116
38	Present	value of excess	s contributions for current yea	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)			. 38a				15	754
	b Portior	n included in lin	ne 38a attributable to use of pr	efunding and funding stand	ard carryover balances	. 38b					0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									0		
40 Unpaid minimum required contributions for all years									0		
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of	2010 (See Instructions	s)					
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedu	ule elected					2	plus 7 year	s	15 ye	ears
	b Eligible	e plan year(s) f	or which the election in line 47	la was made		[]2	2008	2009	2010) 2	2011
42	42 Amount of acceleration adjustment						Τ	_			
43	42 Amount of acceleration adjustment 42 43 Excess installment acceleration amount to be carried over to future plan years 43										

	Form 5500-SF	Short Form Annua	mall Employ	/ee	OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service	This form is required to t	Benefit Plan be filed under sections 104 and 40	65 of the Employe	e	2017
_	Department of Labor ployee Benefits Security Administration Pension Bonofit Guaranty Corporation	6057(b) and 6058). s to the Form 550	T	his Form is Open to Public Inspection		
P	art I Annual Report I	dentification Informatio	3 10 112 1 0111 050	-011.		
	calendar plan year 2017 or fisc		01/01/2017	and ending	12/31	/2017
	This return/report is for:	x a single-employer plan a one-participant plan the first return/report an amended return/report		ccordance w	ing this box must attach vith the form instructions.)	
С	Check box if filing under:		_	VC program		
P	art II Basic Plan Infor	mation enter all requester	1 information	····	[.]	······
1a					(PN) 1c Effec	tive date of plan
2a	Mailing Address (include room	n, apt., suite no. and street, or P	.O. Box)	 ns)	2b Empt (EIN)	
2a Pian sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer identification (EtN) 46-555007 I THINK SOLUTIONS, INC. 2c Sponsor's telephone n (917) 923-6613						
	11 LANGERIES DRIVE				h	ness code (see instructions)
3a	US MONSEY NY 10952 Plan administrator's name and	d address 🕱 Same as Plan S	ponsor		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4	If the name and/or EIN of the	plan sponsor or the plan name t	nas changed since the last return/r	report filed for	4b EIN	
	this plan, enter the plan spons Sponsor's name Plan Name	sor's name, EIN, the plan name	and the plan number from the last	retum/report.	4d PN	
5a	Total number of participants a	at the beginning of the plan year	•== 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		5a	3
þ			******		5b	3
C			f the plan year (only defined contri		5c	
d	(1) Total number of active partie				5d(1)	3
d	(2) Total number of active partie	cipants at the end of the plan ye	ar	******	5d(2)	3
e		•••	e plan year with accrued benefits t		5e	0
C.			rn/report will be assessed unle	· · · · ·	use is estab	lished.
U	nder penalties of perjury and oth	ner penalties set forth in the instr ad signed by an enrolled actuary	uctions, I declare that I have exan , as well as the electronic version	nined this return/re	port, includin	ng, if applicable, a Schedule

SIGN	B1 A	1	111	l_{i_i}	Y	BARRY LAMBERT
	Signature of plan administrator	Date	,			Enter name of individual signing as plan administrator
SIGN	Bit	2	\mathbf{H}	17	V	BARRY LAMBERT
	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.

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

Page 2

•••••••••••••••••••••••••

XYes No

XYes No

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	•			(b) Er	nd of Ye	ear
3	Total plan assets	. 7a			0	_				350,000
)	Total plan liabilities	7b			0	_				0
	Net plan assets (subtract line 7b from line 7a)	7c			350,000					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from: (1) Employers	8a(1)	3!							
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
)	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								350,000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	. 8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	. 8i								350,000
	Transfers to (from) the plan (see instructions)									
a	If the plan provides pension benefits, enter the applicable pension for 1C									
a D	If the plan provides pension benefits, enter the applicable pension for 1C If the plan provides welfare benefits, enter the applicable welfare feature	eature code			eristic					
a D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1C If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature	eature code			eristic	Codes			ctions:	ount
a D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1C If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare b	ature code	s from the List of Plan Cha		eristic	Codes	in the		ctions:	ount
2 2 2 2 2 3	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1C If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare If the plan provides	ature code	s from the List of Plan Cha		eristic	Codes	in the		ctions:	ount
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a Da Da Da	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1C If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare benefits, enter the applicable welfare feature During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorter Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	ature codes ature codes tions within pluntary Fid ? (Do not ir fidelity bon	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused	10a	eristic	Codes	in the		ctions:	
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Page **3 -**

Part	: VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)				x	Yes		No
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a 0								
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 X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes X No								
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see ir g the waiver	nstructions, an Month	id enter t Day		of the Ye		uling	_
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter t	he minimum required contribution for this plan year	•••••	12b					
С	Enter t	he amount contributed by the employer to the plan for the plan year	•••••	12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th /e amount)		12d					
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?	•••••] Yes	х	No		
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a					
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0			Yes	x I	No	
С	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.)								
1:	3c(1) Na	ame of plan(s):	13c(2) El	N(s)		13	c(3) P	N(s)	

Schedule SB, Part V Summary of Plan Provisions

I Think Solutions, Inc. Pension Trust

46-5550076 / 001

For the plan year 01/01/2017 through 12/31/2017

Employer:	I Think Solutions, Inc.
Type of Entity -	S Corporation
	EIN: 46-5550076 TIN: Plan #: 001 Plan Type: Cash Balance
Dates:	Effective - 01/01/2017 Year end - 12/31/2017 Valuation - 12/31/2017
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
Retirement: Normal	First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of
Early -	the 1st day of the initial plan year of participation Not provided
Average Compensation:	Current compensation
Top Heavy Minimum Benefit	Highest 3 consecutive top heavy years of participation
Plan Benefits: Retirement	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits
Pay Credits -	Classification Pay Credit Formula
	BL \$140,000 MS \$181,405
	ST \$475
Interest Credit Rate -	Current Yr - 5% Projected Yrs - 5%
Accrued Benefit -	Hypothetical Account Balance
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Early Retirement -	None
Death Benefit -	Present Value of Accrued Benefit
Disability Benefit -	None
Top Heavy Minimum:	None
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$215,000
	Maximum 401(a)(17) compensation - \$270,000
PBGC:	Plan is covered by Pension Benefit Guaranty Corporation
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service
Present Value of Accrued Bene	fit: Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

I Think Solutions, Inc. Pension Trust 46-5550076 / 001

For the plan year 01/01/2017 through 12/31/2017

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 22 -Description of Weighted Average Retirement Age

I Think Solutions, Inc. Pension Trust 46-5550076 / 001 For the plan year 01/01/2017 through 12/31/2017

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 -

Discounted Employer Contributions

I Think Solutions, Inc. Pension Trust 46-5550076 / 001 For the plan year 01/01/2017 through 12/31/2017 Valuation Date: 12/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	
Deposited Contribution	01/09/2018	\$200,000					
Applied to MRC	12/31/2017	200,000	199,799	0	0	4.16	0
Deposited Contribution	04/11/2018	\$150,000					
Applied to Additional Contribution	12/31/2017	15,933	15,754	0	0	4.16	0
Applied to MRC	12/31/2017	134,067	132,563	0	0	4.16	0
Totals for Deposited Contribution		\$350,000	\$348,116	\$0	\$0		

SCHEDULE SB	Single-Employe	r Defined Ber	nefit Plan	_	0	MB No. 1210-0110			
(Form 5500)		al Information				2017			
Department of the Treasury						2017			
Internal Revenue Service Department of Labor Employee Benefits Security Administratic	Retirement Income Security Act	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).							
Pension Benefit Guaranty Corporation	▶ File as an attachm	ent to Form 5500 or	5500-SF.						
For calendar plan year 2017 or fisc	al plan year beginning 01/01	/2017	and endin	g 12,	/31/201	7			
Round off amounts to nearest									
	Il be assessed for late filing of this report	unless reasonable ca			warra				
A Name of plan I THINK SOLUTIONS, INC.	DENGTON TRICT		B Three-digi plan numb		►	001			
I THINK SOLUTIONS, INC.	FENSION IROSI		pannani						
an a									
C Plan sponsor's name as shown of	on line 2a of Form 5500 or 5500-SF		D Employer Id	entificat	ion Numbe	er (EIN)			
I THINK SOLUTIONS, INC.			41	5-555(0076				
E Type of plan: X Single 🔲 Mul	tiple-A 🔲 Multiple-B 🛛 🛛 🕇 🖡	Prior year plan size:	x 100 or fewer]101-5	00 🗌 M	ore than 500			
Part I Basic Information	1								
1 Enter the valuation date:	Month <u>12</u> Day <u>31</u>	Year2017	_						
2 Assets:									
a Market value				2a		(
b Actuarial value	• • • • • • • • • • • • • • • • • • • •			2b		(
3 Funding target/participant cou	nt breakdown:	(1) Number of participants	(2) Vested Targ		g	(3) Total Funding Target			
a For retired participants and	peneficiaries receiving payment	0			0	C			
	ipants	0	-		0	C			
		0			0	(
		0			0	(
4 If the plan is in at-risk status, o	heck the box and complete lines (a) and	i (b)							
a Funding target disregarding	prescribed at-risk assumptions			4a					
b Funding target reflecting at- at-risk status for fewer the	isk assumptions, but disregarding transi an five consecutive years and disregardi	tion rule for plans that ng loading factor	have been in	4b					
5 Effective interest rate		•••••••	• • • • • • • • • • • • • • • • • • • •	5		4.16 %			
	• • • • • • • • • • • • • • • • • • •			6		332,362			
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticip	supplied in this schedule and accompanying schedule is. In my opinion, each other assumption is reasonabl ated experience under the plan.	es, statements and attachmen e (taking into account the exp	nts, if any, is complete a perience of the plan and	ind accura I reasonat	te. Each presr ble expectation	ribed assumption was applied in ns) and such other assumptions, in			
SIGN HERE	l Las				07/09/2	2018			
	Signature of actuary				Date	÷			
DANIEL LISS,	EA, MSPA				17-0739	95			
•	pe or print name of actuary P PENSION SERVICES INC				ecent enrol L2) 494 -	llment number - 9000			
	Firm name STREET, 9TH FLOOR		Tel			ncluding area code)			
2V/ WEBI 23IN	Dimmi, Jim Elook								
US NEW YORK	NY 10001 Address of the firm								
If the options has not fully reflected	iny regulation or ruling promulgated under	ar the statute in comm	oting this schoolul		k the hove				
instructions		· · · · · · · · · · · · · · · · · · ·				dule SB (Form 5500) 201			

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

Schedule SB (Form 5500) 2017 v. 170203 Schedule SB (Form 5500) 2017

Pa	rt II Beg	inning of Year Carryo	over and Prefunding Bal	ances							
	·				(a) (Carryover balance	·	(b) P	'refundi	ing balanc	e
7			pplicable adjustments (line 13 fro				0				O
8			's funding requirement (line 35 f				0				0
9	Amount rema	ining (line 7 minus line 8)					0				0
_10	Interest on lin	e 9 using prior year's actual	return of0.00%				0				0
11	Prior year's e	cess contributions to be ad	ded to prefunding balance:								
	a Present va	lue of excess contributions ((line 38a from prior year)			Second Second					0
			e 38a over line 38b from prior ye ective interest rate of0.00								0
	• •		Schedule SB, using prior year's								0
	c Total availa	able at beginning of current	olan year to add to prefunding b	alance .	19.00 (B) (B) (B)						0
	d Portion of ((c) to be added to prefunding	g balance							· ·	0
12	Other reduction	ons in balances due to electi	ons or deemed elections				0				0
13	Balance at be	ginning of current year (line	9 + line 10 + line 11d - line 12).	•••••			0				0
Pa	rt III Fu	Inding Percentages									
	2010 Contraction Contractions								14	100.	00 %
								1	15	103.	77 %
16			es of determining whether carry						16	0.	.00 %
17	If the current v	value of the assets of the pla	an is less than 70 percent of the	funding t	arget, enter	such percentage			17		%
Pa	irt IV Co	ontributions and Liqu	idity Shortfalls								
18	3500 (1990) (1990 (1990		n year by employer(s) and empl	oyees:							
(M	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		i) Date)D-YYYY)	(b) Amoun employ		(unt paid b loyees	У
01/	/09/2018	200,000	0								
04/	/11/2018	150,000	0								
				ļ							
				<u> </u>							
		·									
<u> </u>		·									
				Totals	► 18(b)		350,0	00 18(c)			0
19	Discounted en	nployer contributions see	instructions for small plan with a	a valuatio	n date after	the beginning of t					
	a Contribution	ns allocated toward unpaid r	ninimum required contributions	from prio	years	••••••	19a				0
	b Contribution	ns made to avoid restrictions	adjusted to valuation date		• • • • • • • • • • • • •	••••••	19b				0
			n required contribution for curre	nt year ac	ljusted to va	aluation date	19c		<u></u>	34	8,116
20	•	tributions and liquidity shortf									
			or the prior year?				• • • • • • • • • •	• • • • • • • • • •	[Yes X] No
	b If line 20a is	s "Yes," were required quart	erly installments for the current	year mad	e in a timely	y manner?	••••••		•••• [Yes 🗌] No
	c If line 20a is	s "Yes," see instructions and	complete the following table as	s applicat	le:						
			Liquidity shortfall as of end	of quarte			-	;	A) A1	<u> </u>	
	(1)	1st	(2) 2nd		(3)	3rd		(<u>4) 4t</u>	<u>n</u>	

Page 3

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	þ	N/A, full yield curve used
	b Applicable month	(enter code)			21b	3
22	Weighted average re	tirement age			22	67
23	Mortality table(s) (see	e instructions) X Pro	escribed - combined 📃 Pre	scribed - separate] Substitu	te
Pa	rt VI Miscellane	eous items			-	
24			uarial assumptions for the current			
	attachment				• • • • •	Yes <u>x</u> No
25	-		an year? If "Yes," see instructions			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	nt Yes 🗌 No
27			ter applicable code and see instru		27	
Pa	and an a second seco		m Required Contribution			
28	500,000,000,000,000	•	years		28	0
29	Discounted employer	r contributions allocated toward	unpaid minimum required contrib	outions from prior years	29	0
20					30	0
			ntributions (line 28 minus line 29)		50	<u> </u>
		Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruct	ions):			
					31a	332,362
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	0
	Amortization installm			Outstanding Bala	ance	Installment
	a Net shortfall amorti	ization installment	• • • • • • • • • • • • • • • • • •	-	0	0
	b Waiver amortizatio	n installment	• • • • • • • • • • • • • • • • • •		0	0
33			ter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requiren	nent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	332,362
		····	Carryover balance	Prefunding Bala	ince	Total balance
35	Balances elected for requirement	use to offset funding		A		
36				<i></i> I	36	332,362
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37	348,116
			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • •		546,110
		ess contributions for current ye		1	38a	
			• • • • • • • • • • • • • • • • • •			15,754
			prefunding and funding standard o		38b	0
39		· · · · ·	ear (excess, if any, of line 36 over		39	0
40		in a second			40	0
100000000000000000000000000000000000000	A land of Articular Constant Arts		Pension Relief Act of 2010	(See Instructions)		
41	If an election was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected .		• • • • • • • • • • • • • • • • • • • •		••••	2 plus 7 years 🔲 15 years
	b Eligible plan year(s) for which the election in line	41a was made	• • • • • • • • • • • • • • • •		08 2009 2010 2011
42	Amount of acceleratio	n adjustment			42	
43	Excess installment ac	celeration amount to be carried	d over to future plan years , 🔒		43	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

I Think Solutions, Inc. Pension Trust

46-5550076 / 001

For the plan year 01/01/2017 through 12/31/2017

	For the plai	1 year 01/0	01/2017 th	rough 12/31/2	017	
Valuation Date:	12/31/2017					
Funding Method:	As prescribed in IR	C Section 43	0			
	- Eligibility age at ne	arest birthday	and other a	ges at nearest birtl	nday	
Retrospective Compensation	•					
Form of Payment	 Assumed form of p for lump sum is the Interest Credit Rate will not exceed 415 interest and the Ap 	current Hypo discounted u maximum all	othetical Acco using approp lowable distr	ount Balance proje riate segment rate ibution, which is th	cted to the as . Lump sum o e lesser amou	sumed retir on plan actu unt compute
Interest Rates	- Segment rates for Val Date as permit			Segment rates as permitted under IR HATFA		
	Segment #	Year	Rate %	Segment #	Year	Rate %
	Segment 1	0 - 5	1.75	Segment 1	0 - 5	4.16
	Segment 2	6 - 20	3.76	Segment 2	6 - 20	5.72
	Segment 3	> 20	4.66	Segment 3	> 20	6.48
Post-Retirement - Asset Valuation Method: Discrimination Test Assumption HCE Determination - Otherwise Excludable -	Cost of Living - Fair market value o n <u>s:</u> Based on all emplo	None None e - Curren None - None 17C - 2 None of assets adjus	2017 Combir sted for cont	ributions under IRC	C 430(g)(4)	employees
410(b)/401(a)(4) Testing:						
Pre-Retirement -	Interest -	8.5%	C	B Projection Rate	- 5%	
Post-Retirement -	Interest - Mortality Table -	8.5% U84 - 1984	Unisex			
Permissively Aggregated Plans -	Tested as a Single	Plan				
Compensation -	Use current compe	nsation to cal	culate the be	enefit accrual rate	annual metho	od)
Testing Age -	Normal retirement	age or attaine	ed age, if olde	er		
Testing Service -	Separate benefiting	g service for E	DC and for D	B for Accrued-to-D	ate Method	
Normal Form for MVAR -	Joint with 100% Su	irvivor Benefit	S			

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

I Think Solutions, Inc. Pension Trust 46-5550076 / 001

For the plan year 01/01/2017 through 12/31/2017

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 -Schedule of Active Participant Data

I Think Solutions, Inc. Pension Trust 46-5550076/001 For the plan year 01/01/2017 through 12/31/2017

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under										
25 25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59		1								
60 to 64		1								
65 to 69		1								
70 & up										