-	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be file	ed under sections 104 and	d 4065 of the Employee R		2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form 5	500-SF.	Public Inspection
Part I		Identification Information				
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2			2/31/2018	ing this have such attach a
A This ret	turn/report is for:	X a single-employer plan	list of participating	employer information in ac		king this box must attach a tith the form instructions.)
B This rote	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/repor			
		X an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC p	rogram
		special extension (enter desc	1			
Part II		ormation—enter all requested in	formation			
1a Name	of plan LUTIONS, INC. PENS				1b Three plan	e-digit number
	LUTIONS, INC. PENS	SION TRUST			(PN)	
					1c Effect	tive date of plan 01/01/2017
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 46-5550076
	town, state or provinc	ce, country, and ZIP or foreign post	tal code (if foreign, see in	structions)	, ,	sor's telephone number 917-923-6613
					2d Busir	ness code (see instructions)
11 LANGERI MONSEY, N						541519
	1 10332					
3a Plan a	dministrator's name a	nd address 🗙 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN	
•	or's name				4d PN	
C Plan N	lame					
5a Totalı	number of participants	s at the beginning of the plan year.			5a	3
		s at the end of the plan year			5b	3
		account balances as of the end of		•	5c	
•	,	articipants at the beginning of the p			5d(1)	3
• •		articipants at the end of the plan ye	•		5d(2)	1
e Numb	per of participants who	o terminated employment during the	e plan year with accrued	benefits that were less	5e	0
than Caution: A	100% vested	or incomplete filing of this retur	n/report will be assessed	ed unless reasonable car		
Under pena SB or Sche	alties of perjury and or edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I ha	ve examined this return/re	port, includi	ng, if applicable, a Schedule
	true, correct, and com	nplete. d/valid electronic signature.	01/14/2020	BARRY LAMPERT		
SIGN HERE		Ŭ			ual signing	as plan administrator
	Signature of plan a	administrator	Date 01/14/2020	Enter name of individ	uai signing a	as pian auministrator
SIGN HERE		Ŭ				
For Paperwe	Signature of emplo ork Reduction Act Notic	oyer/plan sponsor ce, see the Instructions for Form 550	Date 0-SF.	Enter name of individ	uai signing a	as employer or plan sponsor Form 5500-SF (2018)

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes 🗌 No						
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)												
	· · · · · · · · · · · · · · · · · · ·		,										
C	-												
U	If "Yes" is checked, enter the My PAA confirmation number from th												
		01 200 p		ian you			. (000 monutionely						
Pa	rt III Financial Information		[-								
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year						
a	Total plan assets	7a	35	50000			341113						
b	Total plan liabilities	7b		0			0						
C	Net plan assets (subtract line 7b from line 7a)	7c	38	50000			341113						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total						
а	Contributions received or receivable from: (1) Employers												
	(2) Participants	8a(2)		0									
	(3) Others (including rollovers)	8a(3)											
b	Other income (loss)	8b		-9371									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-7854						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0									
е	Certain deemed and/or corrective distributions (see instructions)	8e											
f	Administrative service providers (salaries, fees, commissions)	8f		1033									
g	Other expenses	8g		0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1033						
i	Net income (loss) (subtract line 8h from line 8c)	8i					-8887						
j	Transfers to (from) the plan (see instructions)	8j											
Pa	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension $1B$ $1C$	feature co	des from the List of Pla	an Chai	acteris	stic Co	des in the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instructions:						
Par	t V Compliance Questions												
10	During the plan year:				Yes	No	Amount						
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x							
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х							
С	Was the plan covered by a fidelity bond?			10c	X		35000						
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.).	ne or all of	the benefits under	10e		x							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CER 2520.10	ne required		10i									

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and im 5500) and line 11a below)	•	edule S	;В		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.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the l		lling
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	r 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				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	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		No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) P	N(s)

SCHEDULE SB	Single-Employe	or Defined	d Ren	efit Plan		OMB	No. 1210-0110				
(Form 5500)	(Form 5500) Actuarial Information										
Internal Revenue Service	This schedule is required to be	e filed under se	ection 104	of the Employe	e						
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ac	ct of 1974 (ERIS venue Code (the		ection 6059 of	the		is Open to Public				
Pension Benefit Guaranty Corporation	File as an attachr		,	500-SE		IN	spection				
For calendar plan year 2018 or fiscal pla			5500 01 5	and endin	g 12/31	2018					
Round off amounts to nearest doll	ar.				-						
• Caution: A penalty of \$1,000 will be	assessed for late filing of this report	t unless reason	able cause	e is established	d.	1					
A Name of plan				B Three-dig	git						
I THINK SOLUTIONS, INC. PENSION	N IRUSI		L	plan num	iber (PN)	•	001				
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF			D Employer	Identificati	on Number (I	EIN)				
I THINK SOLUTIONS, INC.					46-5550	076					
E Type of plan: Single Multiple-	A Multiple-B	Prior year pla	n size: 🗙	100 or fewer	101-50	00 More th	nan 500				
Part I Basic Information											
1 Enter the valuation date:	Month <u>12</u> Day <u>31</u>	Year <u>20</u>	18								
2 Assets:											
_					2a		339596				
•					2b	d E a d'a a	339596				
3 Funding target/participant count bre		-	()	umber of icipants	. ,	ed Funding arget	(3) Total Funding Target				
	ficiaries receiving payment	-		0		0	0				
	ts			2		197007	197007				
				1		151631	151631				
				3		348638	348638				
•	the box and complete lines (a) and	. ,									
	cribed at-risk assumptions				4a						
	assumptions, but disregarding transit consecutive years and disregarding I				_						
5 Effective interest rate					5		3.92 %				
6 Target normal cost					6		0				
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	n my opinion, each other assumption is reasonal										
SIGN HERE						01/14/202	20				
	ignature of actuary					Date					
DANIEL LISS, EA, MSPA						17-0739	5				
Туре с	or print name of actuary				Most ree	cent enrollme	nt number				
ECONOMIC GROUP PENSION SERV	/ICES INC					212-494-90	000				
207 WEST 25TH STREET, 9TH FLOC NEW YORK, NY 10001	Firm name DR			Te	lephone n	umber (incluc	ling area code)				
	Address of the firm										
If the actuary has not fully reflected any re instructions	gulation or ruling promulgated unde	er the statute in	completin	g this schedule	e, check th	e box and se	e				
For Paperwork Reduction Act Notice,	see the Instructions for Form 550	00 or 5500-SF.				Schedule S	SB (Form 5500) 2018 v. 171027				

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	s								
								(a) C	arryover balan	се	(b)	Prefundir	ng balance		
7		0	0 1 7		able adjustments (line 13 fro	•				0			0		
8			•	•	nding requirement (line 35 f	•				0			0		
9	Amount	emaining	g (line 7 minus line	8)						0			0		
10	Interest of	on line 9 u	using prior year's a	actual retu	rn of%					0			0		
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:										
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)								0		
			he excess, if any, 3, using prior year		a over line 38b from prior ye interest rate of <u>4.16</u>	ar %						0			
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual												<u> </u>			
													0		
	_				ar to add to prefunding baland								0		
	d Portio	n of (c) to	be added to prefu	unding bala	ance								0		
12	Other red	ductions i	n balances due to	elections	or deemed elections					0			0		
13	Balance	at beginn	ning of current yea	r (line 9 + l	line 10 + line 11d – line 12)					0			0		
P	Part III	Fun	ding Percenta	ages											
14	Funding	target att	ainment percenta	ge								14	97.40%		
15	Adjusted	funding	target attainment p	percentage)							. 15	97.83%		
16					of determining whether carry							. 16	80.00%		
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding	arget,	enter suc	ch percentage.			17	%		
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls										
18			-		ar by employer(s) and empl	-									
(1	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees		(a) Dat -DD-Y		(b) Amount employ	•	y (c) Amour emplo	nt paid by		
)9/13/2019		omployer	1517	0	(001	,	omploy	01(0)		ompie	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						Totals		18(b)		1	517 18(c))	0		
19	Discount	ed emplo	over contributions	– see instr	uctions for small plan with a	valuatio	n date	after the	beginning of th	e year:					
	a Contri	outions a	llocated toward ur	paid minin	num required contributions	from pric	r years	3		. 19a			0		
	b Contril	outions m	ade to avoid restr	ictions adj	usted to valuation date					. 19b			0		
	c Contrib	outions all	ocated toward mini	mum requi	red contribution for current ye	ear adjust	ed to va	aluation d	ate	19c			1477		
20	Quarterly	contribu	tions and liquidity	shortfalls:											
	a Did th	e plan ha	ve a "funding sho	tfall" for th	e prior year?								Yes X No		
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year mae	le in a	timely ma	anner?				Yes No		
					nplete the following table as			-							
					Liquidity shortfall as of en			this plan y	year						
		(1) 1s ⁻	t		(2) 2nd			(3)	3rd			(4) 4th			
						1									

Page 3

P	Part V	Assumpti	ions Used to De	etermine Fur	ding Target and Targ	get Normal Cost		
21	Discour	it rate:						
	a Segn	nent rates:	1st segmer 3.92		2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used
	b Appli	cable month (er	nter code)				21b	3
22	Weighte	ed average retir	ement age				22	65
23	Mortality	/ table(s) (see	instructions) Prio	r regulation:	Prescribed - comb	ined Prescribe	d - separat	e Substitute
			Curr	ent regulation:	X Prescribed - comb	pined Prescribe	d - separat	e Substitute
Pa	art VI	Miscellane	ous Items					
24		-			ssumptions for the current p	•		
25	Has a m	nethod change	been made for the c	urrent plan year	? If "Yes," see instructions r	egarding required attach	nment	Yes 🗙 No
26	Is the pl	an required to p	provide a Schedule o	of Active Particip	ants? If "Yes," see instructi	ons regarding required a	attachment	X Yes 🗌 No
27					cable code and see instruct		27	
Pa	art VII	Reconcili	ation of Unpaid	Minimum R	equired Contributior	s For Prior Years		
28	Unpaid	minimum requii	red contributions for	all prior years			28	0
29					minimum required contribu		29	0
30	Remain	ing amount of ι	unpaid minimum requ	uired contributior	ns (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Cont	ribution For	Current Year			
31	Target	normal cost and	d excess assets (see	e instructions):				
	a Target	t normal cost (li	ine 6)				31a	0
				ter than line 31a			31b	0
32	Amortiz	ation installmer	nts:			Outstanding Bala	nce	Installment
	_						9042	1476
							0	0
33			•		late of the ruling letter grant and the waived amount	0 11	33	
34	Total fu	nding requirem			ding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	1476
					Carryover balance	Prefunding balar	nce	Total balance
35			se to offset funding		0		0	0
36	Addition	al cash require	ment (line 34 minus	line 35)			36	1476
37					on for current year adjusted		37	1477
38	Present	value of exces	s contributions for cu	urrent year (see	nstructions)			
	a Total	(excess, if any,	of line 37 over line 3	36)			38a	1
	b Portio	n included in lir	ne 38a attributable to	o use of prefundi	ng and funding standard ca	rryover balances	38b	0
39	Unpaid	minimum requii	red contribution for c	urrent year (exc	ess, if any, of line 36 over li	ne 37)	39	0
40							40	0
Pa	rt IX	Pension	Funding Relief	Under Pens	on Relief Act of 2010) (See Instructions	5)	
41	If an ele	ction was made	e to use PRA 2010 fu	unding relief for t	his plan:			
	a Scheo	lule elected						2 plus 7 years 15 years
	b Eligib	le plan year(s) l	for which the election	n in line 41a was	made		200	08 2009 2010 2011

	Form 5500-SF	Short Form Annua	al Return/Report of S Benefit Plan	Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to I	1065 of the Employe	e	2018	
<u> </u>	Department of Labor loyee Benefits Security Administration ension Benefit Guaranty Corporation	the	Act of 1974 (ERISA), and section Internal Revenue Code (the Coc accordance with the instruction	le).		nis Form is Open to Public Inspection
Pa	art I Annual Report I	dentification Informatio				
For	calendar plan year 2018 or fisc	al plan year beginning	01/01/2018	and ending	12/31/	/2018
	This return/report is for: This return/report is:	 x a single-employer plan a one-participant plan the first return/report x an amended return/report 	 a multiple-employer plan a list of participating empl a foreign plan the final return/report a short plan year return/r	oyer information in a	ccordance wi	-
C	Check box if filing under:		automatic extension cription)		DF	VC program
Pa	rt II Basic Plan Infor	mation enter all requester				
	Name of plan I THINK SOLUTIONS, 3				(PN) I 1c Effecti	number
2a	Mailing Address (include roon		.O. Box) stal code (if foreign, see instructi	ons)	2b Emplo (EIN) 2c Spons	yer Identification Number 46-5550076 sor's telephone number) 923-6613
	11 LANGERIES DRIVE					ess code (see instructions)
3a	US MONSEY NY 10952 Plan administrator's name and	d address 🗴 Same as Plan S	ponsor		3b Admin	histrator's EIN
					3c Admin	nistrator's telephone number
4			nas changed since the last return and the plan number from the la		4b EIN	
	Sponsor's name Plan Name	, _ , , _ , , _ , , , , , , , , , , , ,			4d PN	
5a	Total number of participants a	at the beginning of the plan year	•••••		5a	3
b	Total number of participants a	at the end of the plan year	••••••		5b	3
С			f the plan year (only defined con		5c	
d(cipants at the beginning of the p			5d(1)	3
d(2	2) Total number of active parti	cipants at the end of the plan ye	ar		5d(2)	1
е			e plan year with accrued benefit		5e	0
Un SB	der penalties of perjury and oth	her penalties set forth in the instr ad signed by an enrolled actuary	un/report will be assessed unl ructions, I declare that I have exa , as well as the electronic version	amined this return/re	port, including	g, if applicable, a Schedule

SIGN		1/14/2020	BARRY LAMPERT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN		1/14/2020	BARRY LAMPERT
	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)

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••••••••••••••••••••

XYes No

XYes No

Pa	rt III Financial Information							<u></u>		
	Plan Assets and Liabilities		(a) Beginning of					(b) En	d of Year	
	Total plan assets		35	50,0	00				34	41,113
	Total plan liabilities				0	-				0
	Net plan assets (subtract line 7b from line 7a)	. 7c		50,0	00					41,113
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b)	Total	
l	(1) Employers	. 8a(1)		1,5	17					
	(2) Participants				0					
	(3) Others (including rollovers)									
	Other income (loss)		()	,37	1)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							('	7,854)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					
	Certain deemed and/or corrective distributions (see instructions) .	. 8e								
	Administrative service providers (salaries, fees, commissions)	. 8f		1,0	33					
	Other expenses	. 8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				_				1,033
	Net income (loss) (subtract line 8h from line 8c)	. 8i							(1	8,887)
a	Transfers to (from) the plan (see instructions) Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension in 1B 1C If the plan provides welfare benefits, enter the applicable welfare fee 10									
a o	Irt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 1B 1C If the plan provides welfare benefits, enter the applicable welfare fe	eature code								
a D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 1B 1C If the plan provides welfare benefits, enter the applicable welfare feature 1C If the plan provides welfare benefits, enter the applicable welfare feature 1C If the plan provides welfare benefits, enter the applicable welfare feature 1C If the plan provides welfare benefits, enter the applicable welfare feature 1C	eature code			ristic (Codes	in the i			
a D D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 1B 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	s from the List of Plan Cha			Codes				nt
a D D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1B 1C If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the applicable welfare fer If the plan provides welfare benefits, enter the plan provides welfare fer If the plan provides welfare fer	eature code	s from the List of Plan Cha		ristic (Codes	in the i		ions:	nt
a D D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 1B 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 feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare featur	eature codes ature codes itions within oluntary Fid	the time period	aracte	ristic (Codes No	in the i		ions:	nt
a D D a	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 1B 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 feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare feature If the plan provides welfare benefits, enter the applicable welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare feature If the plan provides welfare featur	eature codes ature codes itions within oluntary Fid	the time period		ristic (Codes	in the i		ions:	nt
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a b c d	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1B 1C If the plan provides welfare benefits, enter the applicable welfare fermed and the plan provides welfare benefits, enter the applicable welfare fermed at the plan provides welfare benefits, enter the applicable welfare fermed at the plan provides welfare benefits, enter the applicable welfare fermed at the plan provides welfare benefits, enter the applicable welfare fermed at the plan provides welfare benefits, enter the applicable welfare fermed at 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 V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	eature code ature codes utions within oluntary Fid t? (Do not ir fidelity bon her persons he or all of t	the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c	ristic (Yes	No x x	in the i		ions:	
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a Pa b c d	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1B 1C If the plan provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides an	eature code ature codes ature	the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	ristic (Yes	No x x x x x	in the i		ions:	nt
a D D D D D D D D D D D D D D D D D D D	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 1B 1C If the plan provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides welfare benefits, enter the applicable welfare fermed and provides and provide and provides and	eature code ature codes ature codes itions within oluntary Fid (Do not ir fidelity bon her persons he or all of t in? (See instruction (See instruction)	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under nd.)	10a 10b 10c 10d 10e 10f	ristic (Yes	No x x x x x x	in the i		ions:	

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)	•	nedule S	SB	x	Yes [1	No
11a	Enter tl	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a					0
12	Is this ERISA	of		Yes [X I	No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver M		d enter Da		of the Ye		ling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			, <u> </u>				
b	Enter tl	ne minimum required contribution for this plan year.	•••••	12b					
С	Enter tl	ne 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 the e amount)		12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes	No	1	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	x	No		
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a					
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		ı 🗌	/es	X N	0	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s) to					
1:	3c(1) Na	me of plan(s):	13c(2) EI	N(s)		13	c(3) PN	l(s)	

Schedule SB, line 19 -

Discounted Employer Contributions

I Think Solutions, Inc. Pension Trust / 001 For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/13/2019	\$1,517					
Applied to Additional Contribution	12/31/2018	1	1	0	0	3.92	0.00
Applied to MRC	12/31/2018	1,516	1,476	0	0	3.92	0.00
Totals for Deposited Contribution		\$1,517	\$1,477	\$0	\$0		

Schedule SB, line 32 -Schedule of Amortization Bases

I Think Solutions, Inc. Pension Trust

/ 001

For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2018	9,042	Shortfall	9,042	7	1,476
Totals:				\$9,042		\$1,476

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

I Think Solutions, Inc. Pension Trust / 001 For the plan year 01/01/2018 through 12/31/2018

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, Part V Summary of Plan Provisions

I Think Solutions, Inc. Pension Trust

/ 001

For the plan year 01/01/2018 through 12/31/2018

Employer:	I Think Solutions, Inc.						
Type of Entity -	S Corporation						
	EIN: TIN: Plan #: 001 Plan Type: Cash Balance						
Dates:	Effective - 01/01/2017 Year end - 12/31/2018 Valuation - 12/31/2018						
Eligibility:	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						
	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 -							
	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: \$220,000						
	Maximum 401(a)(17) compensation - \$275,000						
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 / 001

For the plan year 01/01/2018 through 12/31/2018

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)

		Oin als Environment	- Defined Der			0	MB No. 1210-0110
	SCHEDULE SB	Single-Employe	r Defined Ber al Informatior		-		
	(Form 5500)	Actuaria	al information	1			2018
	Department of the Treasury Internal Revenue Service	_ This schedule is required to be f	filed under section 104	of the Employee			
E	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of				This Fo	orm is Open to Public Inspection
		File as an attachm					
	r calendar plan year 2018 or fisca		/2018	and ending	12/3	31/201	8
	Round off amounts to nearest	dollar. I be assessed for late filing of this report	unless reasonable ca	uso is ostablishod			
	Name of plan	be assessed for fate fining of this report	uniess reasonable ca	B Three-digit			
	THINK SOLUTIONS, INC.	PENSION TRUST		plan numbe	r (PN)		001
				「行きた」	7	100	ALL REPORTS
C	Plan sponsor's name as shown o	n line 2a of Form 5500 or 5500-SF		D Employer Ide	ntificatio	n Numb	er (EIN)
	THINK SOLUTIONS, INC.				-55500		
<u>т</u> 1	INTER SOLUTIONS, INC.						
E	Type of plan: 🛣 Single 📃 Mult	ple-A Multiple-B	Prior year plan size:	100 or fewer	101-50	M 🗌 C	lore than 500
Ρ	art I Basic Information						
1	Enter the valuation date:	Month <u>12</u> Day <u>31</u>	Year2018	-			
2	Assets:			Ē		450	
				••••••	2a		339,596
					2b		339,596
3	Funding target/participant cour	t breakdown:	(1) Number of participants	(2) Vested I Targe			(3) Total Funding Target
	a For retired participants and b	eneficiaries receiving payment	0			0	0
	b For terminated vested partici	pants	2		197,	007	197,007
	C For active participants		1		151,	631	151,631
	d Total		3		348,	638	348,638
4		neck the box and complete lines (a) and	• •		-		
		prescribed at-risk assumptions			4a		
	b Funding target reflecting at-ri at-risk status for fewer that	sk assumptions, but disregarding transit n five consecutive years and disregardir	tion rule for plans that ng loading factor	nave been in	4b		
5	Effective interest rate	•••••••			5		3.92 %
6	Target normal cost				6		0
To	tement by Enrolled Actuary of the best of my knowledge, the information s cordance with applicable law and regulation mbination, offer my best estimate of anticipa	upplied in this schedule and accompanying schedule s. In my opinion, each other assumption is reasonable led experience under the plan.	es, statements and attachmen e (taking into account the exp	nts, if any, is complete an perience of the plan and r	d accurate easonable	Each pres expectation	ribed assumption was applied in ns) and such other assumptions, in
	SIGN HERE	1 lus			0	1/14/2	2020
	-	Signature of actuary				Date	e
	DANIEL LISS, E	A, MSPA		· · · · · · · · · · · · · · · · · · ·		7-0739	
		e or print name of actuary		I			Ilment number
	ECONOMIC GROUP	PENSION SERVICES INC				2) 494	
	207 WEST 25TH	Firm name STREET, 9TH FLOOR		I ele	pnone n	umper (I	ncluding area code)
	US NEW YORK	NY 10001					
		Address of the firm					
instr	ructions	ny regulation or ruling promulgated unde		eting this schedule	, check	_	
For	Paperwork Reduction Act Notic	e, see the instructions for Form 5500) or 5500-SF			Sche	dule SB (Form 5500) 2018 v. 171027

Page	2
1 ago	-

Pa	rt II Begi	nning of Year Carryove	er and Prefunding Bala	ances						
					(a) (Carryover balance		(b) l	Prefundir	ig balance
7		ginning of prior year after appli					0			0
8	Portion elected prior year)	d for use to offset prior year's f	unding requirement (line 35 fi	rom			0			0
9	Amount remain	ning (line 7 minus line 8)					0			0
10		9 using prior year's actual ret					0			0
11	Prior year's ex	cess contributions to be added	I to prefunding balance:							S. Barris
	a Present val	ue of excess contributions (line	e 38a from prior year)							0
	b(1) Interest	on the excess, if any, of line 38 e SB, using prior year's effectiv	3a over line 38b from prior ye	ar	后 計畫 1975					0
	b(2) Interest	on line 38b from prior year Sch	edule SB, using prior year's	actual		2.15.1	-			
	· · ·					1 A				0
	C Total availa	ble at beginning of current pla	n year to add to prefunding b	alance	11221					0
	d Portion of (c) to be added to prefunding ba	alance		1-812					0
12	Other reduction	ns in balances due to elections	s or deemed elections				0			0
13	Balance at beg	ginning of current year (line 9 +	line 10 + line 11d - line 12).				0			0
Pa	rt III Fu	nding Percentages								
14	Funding target	attainment percentage							14	97.40 %
15	Adjusted fundi	ng target attainment percentag	je						15	97.83 %
16	Prior year's fur	nding percentage for purposes	of determining whether carry	vover/prefu	inding bala	nces may be used	to redu	ce	16	00 00 ⁰ (
47		funding requirementalue of the assets of the plan i							17	80.00 %
				Tunung ta	iger, enter	such percentage				70
		ntributions and Liquid								
18		nade to the plan for the plan y				(1.) A	a shall be a		(-) 8	and an add laws
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) (MM-D	Date D-YYYY)	(b) Amount employe			(c) Amol emple	int paid by byees
09/	/13/2019	1,517								
						1				
			the state of the second second	Totals	▶ 18(b)			17 18(c)		
_			가지 그 편집 양성의, 상상의 23				1,5	17 10(0)		0
19		ployer contributions see ins								
		is allocated toward unpaid min				1	19a			0
		is made to avoid restrictions a				1	19b			0
		is allocated toward minimum r		nt year ad	justed to va	aluation date	19c			1,477
20		ributions and liquidity shortfalls					L	22.364		
		have a "funding shortfall" for						• • • • • • • • • •	·····	Yes X No
	b If line 20a is	"Yes," were required quarterly	y installments for the current	year made	e in a timely	manner?		• • • • • • • • • • •		Yes No
	c If line 20a is	"Yes," see instructions and co							10.15	
	141	4-4	Liquidity shortfall as of end	of quarter	11.6.1		1		(4) 4th	
	(1)	151	(2) 2nd		(3)	3rd			(**) 4[[

Page 3

Pa	rt V	Assumptio	ons Used To D)etermine	Funding	Target and Targ	get Normal Cost		
21	Disco	unt rate:							
	a Se	gment rates:	1st segn 3.92			d segment: 5 . 52 %	3rd segmen 6,29		N/A, full yield curve used
	b Ap	plicable month	(enter code)					. 21b	3
22	Weig	hted average re	tirement age					. 22	65
23	Morta	lity table(s) (see	e instructions)	Prior regula	ition:	Prescribed - co	mbined Presc	ribed - separ	ate Substitute
		•		Current reg	ulation:	X Prescribed - co	mbined 🔄 Presc	ribed - separ	ate 🔲 Substitute
Dar	t VI	Miscellane	ous items						
				recribed act	uarial assum	ntions for the curren	t plan year? If "Yes," s	e instruction	s regarding required
24									· · · · · · · · · Yes X No
25									Yes X No
_									nt
						code and see instru			
<i>L</i> 1							· · · · · · · · · · · · · · · ·	. 27	
Par	t VII						s For Prior Years		
									0
	Disco	unted employe	r contributions allo	cated toward	unpaid mini	mum required contri	butions from prior year	^s 29	0
30							<u></u>		0
_									
-	t VIII	1	Required Cor						
31			nd excess assets					24-	0
			the second se						
	b Exc	ess assets, if a	pplicable, but not	greater than I	ine 31a			0.0	0
		tization installm					Outstanding Ba		Installment
						* • • • • • • • • •		9,042	1,476
								0	0
33						of the ruling letter gra he waived amount .	anting the approval	. 33	
34	Total	funding requirer	nent before reflecti	ng carryover/	prefunding b	alances (lines 31a - 3	31b + 32a + 32b - 33)	34	1,476
						over balance	Prefunding Ba	alance	Total balance
35			use to offset fund			0		0	0
36								. 36	1,476
	Contr	ibutions allocate	ed toward minimur	n required co	ontribution fo	r current year adjust	ed to valuation date	37	1,477
20								•	
			ess contributions f					. 38a	1
								. 00u 38b	
						nd funding standard			0
							r line 37)		0
	-								0
Par	-) (See Instruction	5)	
	_		de to use PRA 201						
									2 plus 7 years 15 years
	b Elig	jible plan year(s	s) for which the ele	ction in line 4	1a was mao	le		. 🗌 200	08 2009 2010 2011

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

I Think Solutions, Inc. Pension Trust

/ 001

For the plan year 01/01/2018 through 12/31/2018

Valuation Date:	12/31/2018						
Funding Method:	As prescribed in IR	C Section 43	0				
	- Eligibility age at ne	arest birthday	and other	ages at nearest birth	iday		
Retrospective Compensation	- Current compensat	ion					
Form of Payment ·	Interest Credit Rate will not exceed 415	current Hypo discounted maximum al	othetical Acc using appro lowable dist	np sum which is the count Balance projec priate segment rate. ribution, which is the r b) plan actuarial e	cted to the as Lump sum c e lesser amo	sumed retiremen on plan actuarial unt computed us	nt date using t equivalence ra ing a) 5.5%
Interest Rates	- Segment rates for Val Date as permit			Segment rates as o permitted under IR HATFA			
	Segment #	Year	Rate %	Segment #	Year	Rate %	
	Segment 1	0 - 5	2.28	Segment 1	0 - 5	3.92	
	Segment 2	6 - 20	3.81	Segment 2	6 - 20	5.52	
	Segment 3	> 20	4.46	Segment 3	> 20	6.29	
Pre-Retirement -	,	None					
	Early Retirement T						
	Turnover Table -	None					
	Disability Table -	None					
	Salary Scale - Interest Credit Rate	None	nt Yr - 5%	Projected Yrs - 5%			
	Expense Load -	None	IL 11 - 576	Fillected TIS - 5 %			
	Ancillary Ben Load						
Post-Retirement -			2018 Combi	nod			
Füst-Ketilement -	Cost of Living -	None		neu			
Asset Valuation Method:	Ũ	of assets adju	sted for con	tributions under IRC	; 430(g)(4)		
Discrimination Test Assumption	<u>15:</u>						
HCE Determination -	Based on all emplo	yees					
Otherwise Excludable -	Otherwise Excluda	ble HCEs are	included w	ith the Not Otherwise	e Excludable	employees	
410(b)/401(a)(4) Testing:							
Pre-Retirement -	Interest -	8.5%		CB Projection Rate -	5%		
Post-Retirement -	Interest -	8.5%					
	Mortality Table -	U84 - 1984	Unisex				
Permissively Aggregated Plans -	Tested as a Single	Plan					
Compensation -	Use current compe	nsation to ca	lculate the b	enefit accrual rate (annual metho	od)	
Testing Age -	Normal retirement	age or attaine	ed age, if old	ler			
Testing Service -	Separate benefiting	g service for [DC and for [DB for Accrued-to-Da	ate Method		
Normal Form for MVAR -	Joint with 100% Su	rvivor Benefi	ts				

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

I Think Solutions, Inc. Pension Trust

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For the plan year 01/01/2018 through 12/31/2018

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

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For the plan year 01/01/2018 through 12/31/2018

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										
60 to 64		1								
65 to 69										
70 & up										