Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1			
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m
		special extension (enter desc				
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name LEMIRE LLC	of plan C CASH BALANCE PL	AN			1b Three-diging plan number (PN) ▶	
					1c Effective of	date of plan 01/01/2017
		yer, if for a single-employer plan)			2b Employer	Identification Number
		m, apt., suite no. and street, or P.0		structions)	(EIN)	46-3912783
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LEMIRE LLC						telephone number 46-979-4101
					2d Business	code (see instructions)
41 HENRY S						541110
DROOKLIN	, NY 11201-1702					
3a Plan a	idministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor or the plan name h			4b EIN	
		nsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
a Spons C Plan N	sor's name				40 PN	
C Flairi	varrie					
5a Total	number of participants	at the beginning of the plan year.			5a	7
b Total	number of participants	at the end of the plan year			5b	10
		account balances as of the end of			5c	
d(1) Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	5
		rticipants at the end of the plan ye			5d(2)	1
than	100% vested	terminated employment during th			5e	0
		or incomplete filing of this retur				
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, bolete.				
SIGN	Filed with authorized/	/valid electronic signature.	10/15/2019	KATHERINE LEMIRE		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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		•					X	es No		
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							lo Not de	etermined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See ins	tructions.)		
Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year			
а	Total plan assets	7a		94717			<u> </u>	48561	9		
b	Total plan liabilities		0		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	19	94717				485619			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(k	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	3(00000							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		-9098							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29090	2		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						29090	2		
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension ${ m 1C}$ ${ m 3D}$	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the i	instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the in	structions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	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.)	? (Do not	include transactions	10b		X					
	,			10c		Χ					
d	, ,	fidelity bo	nd, that was caused	10d		X					
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e		X					
f						X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ					
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10h 10i							

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No
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 ERISA?			Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter r _ Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
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	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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

2018

This Form is Open to Public Inspection

Fo	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
•	Round off amounts to nearest dollar.					
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause	is established	d.		
	Name of plan	В	Three-dig	git		
	LEMIRE LLC CASH BALANCE PLAN		plan num	ber (PN) •	002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	Identific	ation Number (E	IN)
	LEMIRE LLC		, ,	46-39	12783	,
E	Type of plan: Single Multiple-A Multiple-B	ze: X	100 or fewer	101-	500 More th	an 500
F	Part I Basic Information					
1	Enter the valuation date: Month 12 Day 31 Year 2018					
2	Assets:					
	a Market value			. 2a		185619
	b Actuarial value	<u></u>	<u></u>	. 2b		185619
3	Funding target/participant count breakdown	` '	mber of ipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		4		41126	41126
	C For active participants		1		133117	133117
	d Total		5		174243	174243
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		•		·	
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5		5.63 %
6	Target normal cost			6		146175
Sta	tement by Enrolled Actuary			ı	•	
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account t combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				09/23/201	9
	Signature of actuary				Date	-
Z	'HIHUA LIU				17-08189	
	Type or print name of actuary			Most	recent enrollmer	nt number
F	PENSERV, INC.				914-709-40	04
	Firm name		Te	lephone	number (includ	ng area code)
5	18 NORTH BEDFORD ROAD SUITE 303 MOUNT KISCO, NY 10549			·	·	
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in con	mnleting	this schedule	- chack	the hox and see	<u> </u>
	e actuary has not rully reflected any regulation of rulling promulgated under the statute in con-	npicting	and delicution	, oneck	and box and set	<i>'</i>

Page	2	-	1
aye	_	-	

Pa	art II	Begin	ning of Year (Carryov	er and Prefunding Ba	lances							
							(a) C	arryover balance		(b) P	refundin	g balance	
7		•	•		able adjustments (line 13 fror			0				0	
8				-	nding requirement (line 35 fro			0				0	
9	Amount r	emaining	g (line 7 minus line	8)				0				0	
10	Interest of	n line 9 ເ	using prior year's a	ctual retu	rn of%			0				0	
11	Prior yea	r's exces	s contributions to b	oe added	to prefunding balance:								
				,	38a from prior year)							35157	
	Sch	edule SI	B, using prior year's	s effective	a over line 38b from prior year interest rate of	, 						2050	
					edule SB, using prior year's a							0	
	C Total a	vailable a	t beginning of curre	nt plan yea	ar to add to prefunding balance							37207	
d Portion of (c) to be added to prefunding balance									0				
12	Other rec	luctions i	n balances due to	elections	or deemed elections			0				0	
13	Balance	at beginn	ing of current year	(line 9 + l	line 10 + line 11d – line 12)			0				0	
Р	art III	Fun	ding Percenta	ges		•							
14	Funding	•									14	106.52%	
)						15	106.53%	
16					of determining whether carryc				educe	current	16	100.00%	
17	-				less than 70 percent of the fu						17	%	
Р	art IV	Con	tributions and	l Liquid	ity Shortfalls								
18	Contribut	ions mad			ar by employer(s) and emplo	-							
(1)	(a) Date //M-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pai employer(s		(с	(c) Amount paid by employees		
0	4/11/2019)		50000	0								
0	4/12/2019)		150000	0								
0	4/16/2019)		100000	0								
						Totals ▶	18(b)		300000	18(c)		0	
19		•	,		uctions for small plan with a			,					
	_				num required contributions fr				9a			0	
				-	usted to valuation date				9b			0	
					red contribution for current yea	ır adjusted t	o valuation da	ate 1	9с			292053	
20	-		tions and liquidity		a prior voor?							Vac 🗆 Na	
			-		e prior year?							Yes ∐ No	
			•		installments for the current ye		n a timely ma	anner?			······ <u></u>	Yes X No	
	C If line 2	20a is "Y	es," see instruction	s and con	nplete the following table as a Liquidity shortfall as of end		of this plan	/ear					
		(1) 1st	t		(2) 2nd	- quarter		3rd		((4) 4th		
			0		0			0				0	

P	art V	Assumpti	ons Used t	o Determine	Funding 1	Target and Tar	get Norma	al Cost			
21	Discount	rate:									
	a Segm	ent rates:	1st so	egment: 3.92%	2nd	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yi	eld curve used
	b Applic	able month (er	nter code)						21b		0
22	Weighted	d average retir	ement age						22		65
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - com	bined	Prescribed	d - separat	te Subs	titute
				Current regula	tion:	Prescribed - com	bined	Prescribed	d - separat	te Subs	titute
Pa	art VI	Miscellane	ous Items]			
24	Has a ch	ange been ma	ade in the non-	prescribed actua	rial assumption	ons for the current p	olan year? If	"Yes," see ir	nstruction	s regarding requi	red
		-					-				
25	Has a me	ethod change l	been made for	the current plan	year? If "Yes	s," see instructions	regarding red	quired attach	ment		Yes X No
26	Is the pla	n required to p	provide a Sche	dule of Active Pa	articipants? If	"Yes," see instruct	ions regardin	g required a	ttachmen	t	Yes X No
27				ding rules, enter		de and see instruct	ions regardir	ng	27		
P	art VII	Reconcili	ation of Un	paid Minimu	ım Require	ed Contribution	ns For Pri	or Years			
28	Unpaid n	ninimum requii	red contribution	ns for all prior ye	ars				28		0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)								29		0
30	Remainii	ng amount of u	ınpaid minimur	m required contri	butions (line 2	28 minus line 29)			30		0
Pa	art VIII	Minimum	Required (Contribution	For Curre	nt Year					
31	Target n			s (see instruction							
	a Target	normal cost (li	ne 6)						31a		146175
	b Excess	s assets, if app	olicable, but no	t greater than lin	e 31a				31b		11377
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Insta	llment
	a Net sh	ortfall amortiza	ation installmer	nt					0		0
	b Waive	r amortization	installment						0		0
33						ne ruling letter gran waived amount			33		
34	Total fun	ding requireme	ent before refle	ecting carryover/	prefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34		134798
					Carryo	over balance	Prefu	unding balan	ice	Total I	balance
35			se to offset fun	-		0			0		0
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36		134798
37						ırrent year adjusted		,	37		292053
38	Present	value of exces	s contributions	for current year	(see instruction	ons)					
	a Total (excess, if any,	of line 37 over	· line 36)					38a		157255
	b Portion	n included in lir	ne 38a attributa	able to use of pre	efunding and f	unding standard ca	ırryover balaı	nces	38b		0
39	Unpaid n	ninimum requii	red contribution	n for current yea	r (excess, if a	ny, of line 36 over li	ne 37)		39		0
40	Unpaid n	ninimum requii	red contribution	ns for all years					40		0
Pa	rt IX	Pension	Funding Re	elief Under P	ension Re	lief Act of 201	0 (See Ins	tructions)		
41	If an elec	tion was made	to use PRA 2	010 funding relie	of for this plan	:					
	a Sched	ule elected								2 plus 7 years	15 years

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		t Identification Information	1			
For calend	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/	2018
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in a		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name Lemi	ofplan re LLC Cash	Balance Plan			1b Three-dig plan num (PN) ▶	
					1c Effective 01/01,	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Pov)			Identification Number
		nce, country, and ZIP or foreign pos		tructions)	` '	-3912783
Lemi	re LLC					s telephone number 79-4101
41 H	Menry St				2d Business	code (see instructions)
Broc	klyn	NY 11201-	-1702		541110)
3a Plan a	dministrator's name	and address $\overline{\mathbb{X}}$ Same as Plan Spo	onsor.		3b Administr	ator's EIN
this pl	an, enter the plan sp	return/report filed for the last return/report.	4b EIN	ator's telephone number		
c Plan N	or's name lame				4d PN	
5a Total i	number of participan	ts at the beginning of the plan year			. 5a	7
b Total i	number of participan	ts at the end of the plan year			. 5b	10
		n account balances as of the end of			5c	
d(1) Tota	al number of active p	articipants at the beginning of the p	olan year		. 5d(1)	5
		participants at the end of the plan ye			. 5d(2)	1
than	100% vested	o terminated employment during th			5e	C
		or incomplete filing of this return				
SB or Sche		other penalties set forth in the instruand signed by an enrolled actuary, nalete.				
SIGN	July 1	(!	10/15/19	Katherine Lem	nire	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pl	an administrator
SIGN	/ /	(). <u>(</u> .	10/15/19	Katherine Lem	nire	
HERE	Signature of enter	loyer/plan sponsor	Date	Enter name of individ	dual signing as ei	mployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
	Are you claiming a waiver of the annual examination and report of							_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann						_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		☐ Not dete	
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			(See instrud	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
а	Total plan assets	7a		194,	717			48	35,619
b	Total plan liabilities	7b			0				C
С	Net plan assets (subtract line 7b from line 7a)	7c		194,	717			48	35,619
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from:			300,	000				
	(1) Employers	8a(1)		300,	000				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b		-9,	098				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29	0,902
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f			0				
a	Other expenses				0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								C
-	Net income (loss) (subtract line 8h from line 8c)							29	0,902
一	Transfers to (from) the plan (see instructions)	8j			0				
Pai	t IV Plan Characteristics	oj .							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
	1C 3D			u 0u		00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
_									
Par					l		1		
10	During the plan year:	.0	a de a Casa a a de d	I	Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		Х			
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		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х			
f	Has the plan failed to provide any benefit when due under the pla			10e 10f		Х			
g			10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
						•			

	Form 5500-SF (2018)		Page 3 -					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding require (Form 5500) and line 11a below)						X Y	Yes No
11a	Enter the unpaid minimum required contributions for all years fr	om Schedule SB (Fo	rm 5500) line 40		11a		0	
12	Is this a defined contribution plan subject to the minimum fundi ERISA?		ection 412 of the Cod	le or section	302 of		. 🗆 `	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel	ow, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is b granting the waiver.				l enter t _ Day		of the lette Year _	
If	you completed line 12a, complete lines 3, 9, and 10 of Sched	lule MB (Form 5500)	, and skip to line 13					
b	Enter the minimum required contribution for this plan year				12b			
С	Enter the amount contributed by the employer to the plan for this	plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Ennegative amount)	,	9	t of a	12d			
е	Will the minimum funding amount reported on line 12d be met b	by the funding deadling	ne?			Yes	No	N/A

Part V	Plan Terminations and Transfers of Assets				
13a	las a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No	
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred.) to			

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-SF.									
For cal	For calendar plan year 2018 or fiscal plan year beginning 1/1/2018 and ending 12/31/2018								
▶ Rot	und off amounts to nearest dollar.								
▶ Cau	ution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is e	stablishe	d					
A Nam	e of plan	В				000			
LEMI	RE LLC CASH BALANCE PLAN	F	plan number (PN) 002			002			
		W.							
C Plan	sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D E	mployer lo	dentificat	ion Number (E	IN)			
IEMI	RE LLC		4	46-3912	2783				
Е Туре	of plan: Single Multiple-A Multiple-B F Prior year pla	an size: 🗹 100 o	r fewer	101-50	00 More th	an 500			
Part	I Basic Information								
1 E	nter the valuation date: 12/31/2018								
2 A	ssets:								
а	Market value			. 2a		185619			
b	Actuarial value			. 2b		185619			
3 Fi	unding target/participant count breakdown	(1) Number participant		(2) Vested Funding Target		(3) Total Funding Target			
а	For retired participants and beneficiaries receiving payment		0		0	0			
b	For terminated vested participants		4		41126	41126			
	For active participants		1		133117	133117			
d	Total		5		174243	174243			
4 If	the plan is in at-risk status, check the box and complete lines (a) and (b)	П	-		Matalia.				
	a Funding target disregarding prescribed at-risk assumptions 4a								
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for p at-risk status for fewer than five consecutive years and disregarding loading fac		4b		A CONTRACTOR OF THE PROPERTY O				
5 E	ffective interest rate			. 5	5.63 %				
6 T	arget normal cost			. 6	146175				
To the accondition	ent by Enrolled Actuary ne best of my knowledge, the information supplied in this schedule and accompanying schedules, statements ordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a containing offer my best estimate of anticipated experience under the plan.	and attachments, if ar	ny, is comple of the plan	te and accu and reasons	rate. Each prescrib ible expectations) a	ed assumption was applied in and such other assumptions, in			
SIG			9/23/2019)					
	Signature of actuary	Date							
ZHIHUA LIU 1708189									
	Type or print name of actuary	Most recent enrollment number							
PEN	SERV, INC.	914-709-4004							
Firm name Telephone number (including area code) 118 NORTH BEDFORD ROAD SUITE 303 MOUNT KISCO NY 10549									
	Address of the firm								
If the ac	tuary has not fully reflected any regulation or ruling promulgated under the statute	in completing th	is schedu	le, check	the box and s	ee \square			

instructions

Pa	rt II Beginr	ning of Year	Carryove	r and Prefunding Ba	lances							
-				(a) Carryover balance			(b) Prefunding balance					
-7 	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				. 0		0	0				
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					. 0			0			
9	Amount remaining (line 7 minus line 8)								0			
10	Interest on line 9	using prior year's	actual retu	rn of0_%				0			0	
11				to prefunding balance:								
	a Present value of	of excess contribu	utions (line 3	38a from prior year)							35157	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.83 %									2050		
	b(2) Interest on	line 38b from prid	or year Sche	edule SB, using prior year's	actual		- 1					
				ar to add to prefunding balan				0				
			18 (18)	52.0	_						37207	
	a Portion of (c) to	be added to pre	funding bal	ance						0		
12	Other reductions	in balances due	to elections	or deemed elections				0			0	
13	Balance at begin	ning of current ye	ar (line 9 +	line 10 + line 11d - line 12)			0			0	
P	art III Fund	ling Percenta	iges	0.000	100							
14	Funding target at	tainment percent	age							14	106.53 %	
15	Adjusted funding	target attainmen	percentage	е						15	106.53 %	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	100 %			
17	If the current valu	ie of the assets o	f the plan is	less than 70 percent of the	e funding tar	get, enter su	ich percentage			17	%	
Р	art IV Cont	ributions and	d Liquidi	ty Shortfalls								
18	Contributions ma	de to the plan for	the plan ye	ear by employer(s) and emp	oloyees:							
(N	(a) Date (b) Amount paid by (c) Amount paid by (a)			Date (b) Amount paid by employer(s)			(c) Amount paid by employees					
4	/11/2019		50000	0								
4	/12/2019	1	50000	0								
4	/16/2019	1	00000	0								
					Totalo N	49(b)	2	00000	18(c)	I	0	
40	Diameter 1			motions for our all along the	Totals ▶	18(b)	CHI CANCELLE VALUE OF CHILD	-ref is service to bride	13(0)			
19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:								0			
	a Contributions allocated toward unpaid minimum required contributions from prior years. 19a b Contributions made to avoid restrictions adjusted to valuation date 19b									0		
								elii isaa saasaa	292053			
	Contributions anocated toward minimum required contribution for current year adjusted to variable of date											
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?											
							nanner /	Г			Yes No	
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year												
	(1) 1s	t		(2) 2nd	na or quarte		3rd			(4) 4tl	1	
	<u> </u>	0		0			0		<u> </u>		0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21 Discount rate:									
	a Segment rates: 1st segment: 3.92 %				N/A, full yield curve used				
	b Applicable month (enter code)			21b	0				
22	Weighted average retirement age			22	65				
23	Mortality table(s) (see instructions) Prior regulatio	n: Prescribed - combi	ned Prescribed	- separate	Substitute				
	Current regula	tion: Prescribed - combi	ned	- senarate	☐ Substitute				
Do	rt VI Miscellaneous Items	Trescribed - corribi	Tresembed	осранию	Cabolitato				
				-twistisms	ro a andina romina d				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment								
25	Has a method change been made for the current plan	year? If "Yes," see instructions re	garding required attachr	nent	Yes No				
26	Is the plan required to provide a Schedule of Active P	articipants? If "Yes," see instruction	ns regarding required at	tachment.	Yes No				
27	If the plan is subject to alternative funding rules, ente attachment			27					
Pa	art VII Reconciliation of Unpaid Minimu	um Required Contributions	s For Prior Years						
28	Unpaid minimum required contributions for all prior year	ears		28	0				
29	Discounted employer contributions allocated toward (line 19a)	contraction are secured and property and an area of the secure and a s	29	0					
30	Remaining amount of unpaid minimum required control		30	0					
Pa	art VIII Minimum Required Contribution	For Current Year							
31	Target normal cost and excess assets (see instruction	ns):							
	a Target normal cost (line 6)			31a	146175				
	${f b}$ Excess assets, if applicable, but not greater than lin	ne 31a		31b	11377				
32	Amortization installments:		Outstanding Balan		Installment				
	a Net shortfall amortization installment			0	0				
	b Waiver amortization installment			0	0				
33	If a waiver has been approved for this plan year, enter	ng the approval	33						
34	Total funding requirement before reflecting carryover.	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	134798				
		Carryover balance	Prefunding balance	ce	Total balance				
35	Balances elected for use to offset funding requirement	0		0	0				
36	Additional cash requirement (line 34 minus line 35)		36	134798					
37	Contributions allocated toward minimum required cor 19c)	37	292053						
38	Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)								
	b Portion included in line 38a attributable to use of processing the bound of the control of the bound of the control of the	38b	0						
39	Unpaid minimum required contribution for current year	39	0						
40									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	41 If an election was made to use PRA 2010 funding relief 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								