

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 section 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 <hr/> 2010 <hr/> This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LINDA TOOL & DIE CORP DEFINED BENEFIT PENSION PLA</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>01/01/1987</u>	
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan <u>01/01/1987</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>LINDA TOOL & DIE CORP.</u> <u>163 DWIGHT STREET</u> <u>BROOKLYN, NY 11231</u>	2b Employer Identification Number (EIN) <u>62-1374743</u>				
	2c Plan sponsor's telephone number <u>718-522-2066</u>				
	2d Business code (see instructions) <u>332700</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>LINDA TOOL & DIE CORP.</u> <u>163 DWIGHT STREET</u> <u>BROOKLYN, NY 11231</u>	3b Administrator's EIN <u>62-1374743</u>				
	3c Administrator's telephone number <u>718-522-2066</u>				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN				
	4c PN				
5a Total number of participants at the beginning of the plan year	5a <u>36</u>				
b Total number of participants at the end of the plan year	5b <u>36</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>870466</u></td> <td style="text-align: right;"><u>879498</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td style="text-align: right;"><u>0</u></td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td style="text-align: right;"><u>870466</u></td> <td style="text-align: right;"><u>879498</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>870466</u>	<u>879498</u>	b Total plan liabilities	<u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a)	<u>870466</u>	<u>879498</u>																														
	(a) Beginning of Year	(b) End of Year																																									
a Total plan assets	<u>870466</u>	<u>879498</u>																																									
b Total plan liabilities	<u>0</u>	<u>0</u>																																									
c Net plan assets (subtract line 7b from line 7a)	<u>870466</u>	<u>879498</u>																																									
8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Amount</th> <th style="width:20%; text-align: center;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td style="text-align: right;"><u>8a(1)</u></td> <td></td> </tr> <tr> <td> (2) Participants</td> <td style="text-align: right;"><u>8a(2)</u></td> <td></td> </tr> <tr> <td> (3) Others (including rollovers)</td> <td style="text-align: right;"><u>8a(3)</u></td> <td></td> </tr> <tr> <td>b Other income (loss)</td> <td style="text-align: right;"><u>9032</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td style="text-align: right;"><u>8c</u></td> <td style="text-align: right;"><u>9032</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td> <td style="text-align: right;"><u>8d</u></td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td style="text-align: right;"><u>8e</u></td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td style="text-align: right;"><u>8f</u></td> <td></td> </tr> <tr> <td>g Other expenses</td> <td style="text-align: right;"><u>8g</u></td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td style="text-align: right;"><u>8h</u></td> <td></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td style="text-align: right;"><u>8i</u></td> <td style="text-align: right;"><u>9032</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td style="text-align: right;"><u>8j</u></td> <td style="text-align: right;"><u>0</u></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	<u>8a(1)</u>		(2) Participants	<u>8a(2)</u>		(3) Others (including rollovers)	<u>8a(3)</u>		b Other income (loss)	<u>9032</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	<u>9032</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>8d</u>		e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>		f Administrative service providers (salaries, fees, commissions)	<u>8f</u>		g Other expenses	<u>8g</u>		h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>		i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>	<u>9032</u>	j Transfers to (from) the plan (see instructions)	<u>8j</u>	<u>0</u>
	(a) Amount	(b) Total																																									
a Contributions received or receivable from:																																											
(1) Employers	<u>8a(1)</u>																																										
(2) Participants	<u>8a(2)</u>																																										
(3) Others (including rollovers)	<u>8a(3)</u>																																										
b Other income (loss)	<u>9032</u>																																										
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	<u>9032</u>																																									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>8d</u>																																										
e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>																																										
f Administrative service providers (salaries, fees, commissions)	<u>8f</u>																																										
g Other expenses	<u>8g</u>																																										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>																																										
i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>	<u>9032</u>																																									
j Transfers to (from) the plan (see instructions)	<u>8j</u>	<u>0</u>																																									

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		150000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2011	MICHAEL DIMARINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan LINDA TOOL & DIE CORP DEFINED BENEFIT PENSION PLA	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LINDA TOOL & DIE CORP.	D Employer Identification Number (EIN) 62-1374743
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2010	
2 Assets:	
a Market value	2a 870466
b Actuarial value	2b 870466
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0 0
b For terminated vested participants	3b 21 183043
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 577894
(3) Total active	3c(3) 15 577894
d Total	3d 36 760937
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.67 %
6 Target normal cost	6 0

Statement by Enrolled Actuary

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

SIGN HERE		05/17/2011
Signature of actuary		Date
DOUGLAS LEIGHT		11-02933
Type or print name of actuary		Most recent enrollment number
DOUGLAS L. LEIGHT LTD.		212-873-8444
Firm name		Telephone number (including area code)
230 WEST 79 STREET NEW YORK, NY 10024-6246		
Address of the firm		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	745	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	745	0
10	Interest on item 9 using prior year's actual return of <u>-0.31</u> %	-2	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.45</u> %		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	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	743	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	114.29 %
15	Adjusted funding target attainment percentage.....	15	114.29 %
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	114.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶		18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a		0
b Contributions made to avoid restrictions adjusted to valuation date	19b		0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c		0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	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 the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**LINDA TOOL & DIE CORP.
DEFINED BENEFIT PENSION
PLAN
SCHEDULE SB; PART V
EIN: 62-1374743 PN: 001**

STATEMENT OF THE ENROLLED ACTUARY

PLAN: LINDA TOOL & DIE CORP. DEFINED BENEFIT PENSION PLAN

PLAN YEAR: JANUARY 1, 2010 – DECEMBER 31, 2010

IN PREPARING THIS SCHEDULE SB, I HAVE RELIED UPON INFORMATION:
[1] THAT THE PLAN SPONSOR MAINTAINS NO OTHER QUALIFIED RETIREMENT
PLANS, AND [2] THAT THE PLAN SPONSOR IS NOT A MEMBER OF A CONTROLLED
GROUP OF COMPANIES OR AN AFFILIATED SERVICE GROUP OF COMPANIES, AND
[3] REGARDING THE EMPLOYEE CENSUS AND PLAN ASSETS, WHICH WERE
PROVIDED BY THE EMPLOYER SPONSORING THE PLAN AND THE PLAN
TRUSTEES. THIS SCHEDULE SB IS VALID ONLY IF SUCH INFORMATION IS
COMPLETE AND ACCURATE.

**LINDA TOOL & DIE CORP. DEFINED
BENEFIT PENSION PLAN
SCHEDULE SB; PART V, Line 22
EIN: 62-1374743 PN: 001**

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at the plan normal retirement age of 65 or their current age if greater. The weighted average retirement age was calculated by [1] multiplying each participant's accrued benefit as of the valuation date, by their assumed retirement age; [2] summing the resultant product for all participants, and [3] dividing the sum in item (2) preceding by the sum of accrued benefits for all participants as of the valuation date.

LINDA TOOL & DIE CORP. DEFINED BENEFIT PENSION PLAN
SCHEDULE SB; PART V
EIN: 62-1374743 PN: 001

STATEMENT OF ACTUARIAL FUNDING METHOD AND ASSUMPTIONS

ACTUARIAL ASSUMPTIONS

INTEREST:	1stSegment: 4.60 % 2 nd Segment 6.65% 3 rd Segment 6.76 %
	Lump Sum Benefits at plan rate of 5 %
SALARY INCREASE:	NONE
WITHDRAWAL/TURNOVER:	NONE
MORTALITY:	Pre-Retirement: None Post-Retirement: RP2000(project 2010); For Lump Sum payments – 1971 Group Annuity Male Table set back 6 years
RETIREMENT:	Age 65 (or current age, if later). All Non-Highly Compensated participants assumed to elect lump sum payment
EXPENSES:	NONE

ACTUARIAL FUNDING METHOD

Under the mandated method, there is determined the value of the plan liability for all plan benefits which have been accrued by participants under the plan as of the beginning of the plan year (which is the valuation date). This liability is referred to as the Funding Target. If the Funding Target exceeds the value of plan assets, then there exists a Funding Shortfall. There is also determined the value of plan benefits which are accrued during the current plan year. This is referred to as the Target Normal Cost. This cost is zero because benefits are Frozen. The required contribution for the year equals the Target Normal Cost plus, if applicable, the amortization of the current year Funding Shortfall over a 7 year period and prior year Shortfalls over the remaining portion of the original 7 year amortization period. If the value of Plan assets exceeds the Funding Target, then the excess reduces the current year contribution.

The Pension Protection Act mandates the interest rates and mortality tables to be used in the actuarial valuation. 3 interest rates are mandated – the 1st interest rate to be used to discount expected benefit payments from the plan during the 5 year period following the valuation date, the 2nd interest rate to be used to value expected benefit payments from the plan during the period from 5 to 20 years following the valuation date, and the 3rd interest rate to be used to value expected benefit payments from the plan after 20 years from the valuation date. Male participants are valued using a male-derived mortality table and female lives are value using a female-derived mortality table.

LINDA TOOL & DIE CORP. DEFINED BENEFIT PENSION PLAN
SCHEDULE SB; PART V
EIN: 62-1374743 PN: 001

PLAN PROVISION SUMMARY

EFFECTIVE DATE: January 1, 1987

ELIGIBILITY: July 1 or January 1 following completion of one (1) year of service and the attainment of age 21. Plan entry closed as of December 31, 2007.

NORMAL RETIREMENT DATE: The later of age 65 (prior to 6/16/98, age 55), or if later, the 5th anniversary of a Participant's date of entry into the Plan.

NORMAL RETIREMENT BENEFIT: 33% of 5 year Average Compensation plus 11% of Excess Comp. (reduced for Years of Service less than 35 years) or actuarially equivalent of 6/16/98 Accrued Benefit at age 55, if greater. BENEFITS FROZEN AS OF December 31, 2007.

NORMAL FORM ANNUITY: Life Annuity

<u>VESTING SCHEDULE:</u>	<u>Years of Service</u>	<u>Vested %</u>
	2	20%
	3	40%
	4	60%
	5	80%
	At least 6	100%

Participants in active service at
12/31/2007 are 100% vested

SCHEDULE SB
FORM 5500 OR 5500-C/R
ITEM 25 ATTACHMENT
EIN: 62-1374743
PN: 001

SCHEDULE OF ACTIVE PARTICIPANT DATA
LINDA TOOL & DIE CORP DEFINED BENEFIT PENSION PLAN

VALUATION DATE: 1/1/110

ATTAINED AGE	YEARS OF CREDITED SERVICE													40 & UP
	UNDER 1	1 TO 4	5 TO 9	10 TO 14	15 TO 19	20 TO 24	25 TO 29	30 TO 34	35 TO 39	40 & UP				
UNDER 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 TO 29	0	0	1	0	0	0	0	0	0	0	0	0	0	0
30 TO 34	0	0	1	0	0	0	0	0	0	0	0	0	0	0
35 TO 39	0	0	0	1	0	0	0	0	0	0	0	0	0	0
40 TO 44	0	0	0	0	2	0	0	0	0	0	0	0	0	0
45 TO 49	0	0	0	1	0	0	0	0	0	0	0	0	0	0
50 TO 54	0	1	3	0	2	1	0	1	0	0	0	0	0	0
55 TO 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 TO 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 TO 69	0	0	0	1	0	0	0	0	0	0	0	0	0	0
70 & UP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS:	0	1	5	3	4	1	0	1	0	0	0	0	0	0

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan LINDA TOOL & DIE CORP DEFINED BENEFIT PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LINDA TOOL & DIE CORP.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 62-1374743</td> </tr> </table>	D Employer Identification Number (EIN) 62-1374743	
D Employer Identification Number (EIN) 62-1374743			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B </td> <td style="width: 60%;"> F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 </td> </tr> </table>		E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		870,466
b Actuarial value.....	2b		870,466
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	21	183,043
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		577,894
(3) Total active.....	3c(3)	15	577,894
d Total.....	3d	36	760,937
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.67 %	
6 Target normal cost.....	6	0	

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

SIGN HERE	 Signature of actuary	05/17/2011 Date
DOUGLAS LEIGHT Type or print name of actuary		11-02933 Most recent enrollment number
DOUGLAS L. LEIGHT LTD. Firm name		(212) 873-8444 Telephone number (including area code)
230 WEST 79 STREET Address of the firm		
NEW YORK NY 10024-6246		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2010 v.092308.1**