| | Form 5500-SF | | | Report of Small Emplo | yee | OM | IB Nos. 1210-0110 1210-0089 |
|--|--|--|---|--|--|--|---|
| | Department of the Treasury Internal Revenue Service | | Benefit | Plan ctions 104 and 4065 of the Employe | e | 20 | 10 |
| Er | Department of Labor nployee Benefits Security Administration | Retirement Income Security | Act of 1974 | (ERISA), and section 6058(a) of the Code (the Code). | | This Form is C | Open to Public |
| | ension Benefit Guaranty Corporation | | | n the instructions to the Form 550 | 0-SF. | Inspe | ection |
| | | entification Information | | | | | |
| | calendar plan year 2010 or fiscal | | 1 | g | 2/31/2 | | |
| | This return/report is for: | single-employer plan | • | mployer plan (not multiemployer) | | one-participant | plan |
| В | This return/report is for: | first return/report | final retur | • | ntha) | | |
| C | | an amended return/report | • | year return/report (less than 12 mo | ntns) | DFVC program | |
| | Check box if filing under: | Form 5558 special extension (enter description | | extension | | | |
| Pa | rt II Basic Plan Inform | ation—enter all requested inform | , | | | | |
| | Name of plan | | ation | | 1b | Three-digit | |
| LIND | A TOOL & DIE CORP DEFINED | BENEFIT PENSION PLA | | | | plan number | 001 |
| | | | | | 1c | (PN) ► Effective date of pl | lan |
| | | | | | | 01/01/198 | |
| | Plan sponsor's name and addres A TOOL & DIE CORP. | ss (employer, if for single-employer | plan) | | 2b | Employer Identifica (EIN) 62-137474 | |
| | DWIGHT STREET | | | | 2c | Plan sponsor's tele 718-522-2 | ephone number |
| | OKLYN, NY 11231 | | | | 2d | Business code (see | |
| 3a | Plan administrator's name and a | ddress (if same as Plan sponsor, e | | 2") | 3b | Administrator's EIN | |
| LIND | A TOOL & DIE CORP. | 163 DWIGH BROOKLYN | | | 0.0 | 62-137474 | - |
| | | | | | 30 | Administrator's tele 718-522-2 | ephone number 2066 |
| | | sponsor has changed since the la | | port filed for this plan, enter the | 4b | EIN | |
| | name, EIN, and the plan number | from the last return/report. Sponso | or's name | | 4c | PN | |
| 5a | Total number of participants at t | he beginning of the plan year | | | 5a | | 36 |
| b | Total number of participants at t | he end of the plan year | | | | | 36 |
| | | | | | 5b | | 30 |
| C | | h account balances as of the end o | f the plan y | ear (defined benefit plans do not | 5b 5c | | 30 |
| C | complete this item) | h account balances as of the end o | f the plan y | ear (defined benefit plans do not | | | X Yes No |
| с 6а | complete this item) Were all of the plan's assets du Are you claiming a waiver of the | iring the plan year invested in eligib annual examination and report of | f the plan y le assets? an indeper | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ | 5c PA) | | Yes No |
| с 6а | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S | rring the plan year invested in eligib annual examination and report of ee instructions on waiver eligibility | f the plan y le assets? an indeper and conditi | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) | 5c PA) | ····· | |
| c 6a b | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S | ring the plan year invested in eligib annual examination and report of iee instructions on waiver eligibility r 6a or 6b, the plan cannot use F | f the plan y le assets? an indeper and conditi | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ | 5c PA) | ····· | Yes No |
| c 6a b | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe | ring the plan year invested in eligib annual examination and report of ee instructions on waiver eligibility r 6a or 6b, the plan cannot use F | f the plan y le assets? an indeper and conditi | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year | 5 c PA) 00 . | (b) End of | Yes No |
| C 6a b Pa 7 a | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Informat Plan Assets and Liabilities Total plan assets | ring the plan year invested in eligib e annual examination and report of ee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5 C PA) 00 . | | X Yes No X Yes No Yes No |
| c 6a b Pa 7 a b | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Information Plan Assets and Liabilities Total plan liabilities | Tring the plan year invested in eligib e annual examination and report of ee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. 6 0 | | Yes No Yes No Yes No Yes No |
| с 6а b Ра 7 а b с | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Information Plan Assets and Liabilities Total plan assets (subtract line 7b) Net plan assets (subtract line 7b) | ring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. 6 0 | (b) End of | ▼ Yes No ▼ Yes No Yes No |
| c 6a b Pa 7 a b | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Information Plan Assets and Liabilities Total plan liabilities | ring the plan year invested in eligib e annual examination and report of see instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. 6 0 | | ▼ Yes No ▼ Yes No Yes No |
| с 6а b 7 а b с 8 | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either rt III Financial Informat Plan Assets and Liabilities Total plan assets (subtract line 7th Income, Expenses, and Transfer Contributions received or received | ring the plan year invested in eligib e annual examination and report of see instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. 6 0 | (b) End of | ▼ Yes No ▼ Yes No Yes No |
| с 6а b 7 а b с 8 | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Informa Plan Assets and Liabilities Total plan assets (subtract line 7th Income, Expenses, and Transfer Contributions received or receiv (1) Employers (2) | rring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y ole assets? an indeper and conditi orm 5500- 7a 7b 7b 7c 8a(1) 8a(2) | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. 6 0 | (b) End of | ▼ Yes No ▼ Yes No Yes No |
| с 6а b 7 а 5 с 8 а | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either the plan assets and Liabilities Total plan Assets and Liabilities Total plan liabilities Total plan liabilities Net plan assets (subtract line 7th lincome, Expenses, and Transfer Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). | ring the plan year invested in eligib e annual examination and report of see instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | ▼ Yes No ▼ Yes No Yes No |
| c 6a b 7 a b c 8 a b | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities | ring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| с 6а b 7 а 5 с 8 а | complete this item) | iring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility ir 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | ▼ Yes No ▼ Yes No Yes No |
| c 6a b 7 a b c 8 a b c | complete this item) | ring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility r 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| c 6a b 7 a b c 8 a b c | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or receiv (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct received to provide benefits) | iring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility ir 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| c 6a b 7 a b c 8 a b c d e f | complete this item) | iring the plan year invested in eligib e annual examination and report of see instructions on waiver eligibility in 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8c 8c 8c 8c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| c 6a b 7 a b c 8 a b c d e f g | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfer Contributions received or receiv (1) Employers (2) Participants Total income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct received to provide benefits) Certain deemed and/or corrective Administrative service providers Other expenses | iring the plan year invested in eligib e annual examination and report of ee instructions on waiver eligibility ir 6a or 6b, the plan cannot use F tion of from line 7a) for this Plan Year able from: a(2), 8a(3), and 8b) of lovers and insurance premiums ve distributions (see instructions) | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8a(3) 8a(3) 8a(3) 8a 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| c 6a b 7 a b c 8 a b c d e f | complete this item) | iring the plan year invested in eligib e annual examination and report of iee instructions on waiver eligibility in 6a or 6b, the plan cannot use F tion | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c | ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 87046 (a) Amount | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 0 879498 0 879498 0 al 0 |
| c 6a b 7 a b c 8 a b c d e f g | complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b Income, Expenses, and Transfe Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss) Total neemed and/or corrective Administrative service providers Other expenses. Total expenses (add lines 8d, 8d Net income (loss) (subtract line | iring the plan year invested in eligib e annual examination and report of ee instructions on waiver eligibility ir 6a or 6b, the plan cannot use F tion of from line 7a) for this Plan Year able from: a(2), 8a(3), and 8b) of lovers and insurance premiums ve distributions (see instructions) | f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 7b 8a(1) 8a(2) 8a(3) 8b 8b 8c 8b 8c 8c 8c 8c 8c 8c 8f 8g 8h 8i | ear (defined benefit plans do not (See instructions.) | 5c PA) 00. | (b) End of | Yes No Yes No Yes No Year 879498 0 879498 al 9032 |

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1G 11
- 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 | | | | | | |
|------|---|-----------------|----------|----------|-------|----------------------|----------------|
| 10 | During the plan year: | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period deso 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | Х | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re on line 10a.) | | | X | | | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | | | 150000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b or dishonesty? | | | × | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrinsurance service or other organization that provides some or all of the benefits under the plan? (sinstructions.) | See | | x | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | ····· 10f | | Х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | | | |
| 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 | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500)) | • | | | • | X Yes | No |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of | he Code or se | ection 3 | 302 of E | RISA? | Yes | × No |
| | (If "Yes," complete 12a or 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, se granting the waiver. | | | | | ne letter ru Year | - |
| 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 | | | | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to 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 during the plan year or any prior 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 of the PBGC? | brought under | the co | | | Yes | × No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred. (See instructions.) | dentify the pla | n(s) to | | | | |
| 1 | I 3c(1) Name of plan(s): | | 130 | c(2) Ell | √(s) | 13c(3 |) PN(s) |
| | | | | | | | |
| | | | | | | | |
| Caut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless re | asonable car | use is | establi | shed. | | |

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 | Filed with authorized/valid electronic signature. | 09/26/2011 | MICHAEL DIMARINO |
|------|---|------------|--|
| HERE | 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 |

| | SC | CHEDULE SB | Single-Em | nlover | Define | d Ber | nefit Plan | | OM | B No. 1210-0110 |
|-------|----------|--|--|---------------|----------------|--------------|--------------------|-------------|--------------------------|-----------------------|
| | | (Form 5500) | | | Inform | | | | | 2010 |
| | | epartment of the Treasury | | | | | | | | 2010 |
| | | Department of Labor | This schedule is requ Retirement Income Se | | | | | | This For | m is Open to Public |
| | | e Benefits Security Administration | | | ue Code (th | | | | | Inspection |
| | | | File as a | | nt to Form | 5500 or | | 10/24 | 1/2010 | |
| | | dar plan year 2010 or fiscal d off amounts to nearest d | ·····) · ··· · · · g | /01/2010 | | | and end | ing 12/31 | 1/2010 | |
| | | | onar. be assessed for late filing of | this report u | unless reaso | onable ca | ause is establishe | ed. | | |
| Α | Name c | of plan | | | | | B Three-dig | | | |
| LIN | IDA TO | OL & DIE CORP DEFINED | BENEFIT PENSION PLA | | | | plan num | | • | 001 |
| | | | | | | | | | | |
| С | Plan sn | oonsor's name as shown on | line 2a of Form 5500 or 550 | 0-SF | | | D Employer | dentificati | ion Number | (FIN) |
| | | OL & DIE CORP. | | 0.01 | | | 62-1374743 | aontinoati | on Humbor | (=) |
| | | | | | | | | | | |
| E | Type of | plan: X Single Multip | le-A Multiple-B | F | Prior year pla | an size: 〉 | 100 or fewer | 101-50 | 00 More | than 500 |
| Ρ | art I | Basic Information | | | | | | | | |
| 1 | Enter | r the valuation date: | Month Da | ay <u>01</u> | Year 2 | 2010 | _ | | | |
| 2 | Asse | ets: | | | | | | | | |
| | _ | | | | | | | 2a | | 870466 |
| | | | | | | | | 2b | | 870466 |
| 3 | | ling target/participant count | | 1 | 20 | (1) N | lumber of particip | oants | (2) | Funding Target |
| | - | | beneficiaries receiving payn cipants | | | | | 21 | | 183043 |
| | | For active participants: | Jpants | | | | | | | |
| | | | | | 3c(1) | | | | | 0 |
| | | | | | 3c(2) | | | - | | 577894 |
| | | (3) Total active | | | | | | 15 | | 577894 |
| | d | Total | | | 3d | | | 36 | | 760937 |
| 4 | If the | e plan is at-risk, check the bo | ox and complete items (a) ar | nd (b) | | | | | | |
| | a | Funding target disregarding | prescribed at-risk assumption | ons | | | | 4a | | |
| | | | risk assumptions, but disreg | | | | | 4b | | |
| 5 | | | nsecutive years and disrega | Ŭ | Ŭ | | | | | 6.67 % |
| 6 | _ | | | | | | | | | 0 |
| | - 0 | t by Enrolled Actuary | | | | | | | | |
| | | | supplied in this schedule and accomp s. In my opinion, each other assumpt | | | | | | | |
| | | tion, offer my best estimate of anticipa | | | | | | | | |
| | SIGN | | | | | | | | | |
| ŀ | IERE | | | | | | | | 05/17/2 | 2011 |
| | | LEIGHT | Signature of actuary | | | | | | Date | 0000 |
| DU | JGLAS | | | | | | | | 11-02 | |
| DO | JGLAS | L. LEIGHT LTD. | e or print name of actuary | | | | | Most re | ecent enrolln 212-873 | ment number 3-8444 |
| - | | | Firm name | | | | | elephone r | | luding area code) |
| | | 79 STREET | | | | | | | | |
| | VIUR | K, NY 10024-6246 | | | | | | | | |
| | | | Address of the firm | | | | | | | |
| 14.71 | | | | | the statest | | | la ak 2 | the hours | |
| | e actuar | | regulation or ruling promulg | jated under | ine statute | in comple | eung this schedu | ie, check | une box and | i see |

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

20 Quarterly contributions and liquidity shortfalls:

(1) 1st

19c

0

Yes X

Yes

.

(4) 4th

No No

Part II Beginning of year carryover and prefunding balances

| | | 209. | | n and protonanty ba | | (a) (| Carryover balance |) | (b) | Prefundin | ig balance |
|-----|----------------|-----------|--|-------------------------------|-----------------|-------------|-------------------|----------------|-------|-----------|------------|
| 7 | | 0 | nning of prior year after appli | , , | | | | 745 | | | 0 |
| 8 | Portion | used to | offset prior year's funding rea | quirement (Item 35 from pric | or year) | | | 0 | | | 0 |
| 9 | | | ng (Item 7 minus item 8) | | | | | 745 | | | 0 |
| 10 | Interest | on item | 9 using prior year's actual re | turn of <u>-0.31</u> % | | | | -2 | | | |
| 11 | Prior yea | ar's exce | ess contributions to be added | to prefunding balance: | | | | | | | |
| | a Exce | ess cont | ributions (Item 38 from prior | year) | | | | | | | 0 |
| | b Inter | est on (a | a) using prior year's effective | rate of6.45 % | | | | | | | 0 |
| | C Tota | availabl | e at beginning of current plan | year to add to prefunding bal | ance | | | | | | 0 |
| | d Porti | on of (c) |) to be added to prefunding b | alance | | | | | | | 0 |
| 12 | Reduction | on in bal | ances due to elections or de | emed elections | | | | 0 | | | 0 |
| 13 | Balance | at begii | nning of current year (item 9 | + item 10 + item 11d – item | 12) | | | 743 | | | 0 |
| P | art III | Fun | ding percentages | | | | | | | | |
| 14 | Funding | target a | attainment percentage | | | | | | | 14 | 114.29 % |
| 15 | Adjusted | d funding | g target attainment percentag | ge | | | | | | 15 | 114.29 % |
| 16 | | | ling percentage for purposes inding requirement | | | | | | | 16 | 114.00 % |
| 17 | If the cu | rrent val | ue of the assets of the plan | s less than 70 percent of th | e funding targe | et, enter s | uch percentage | | | 17 | % |
| Pa | art IV | Con | tributions and liquidi | ty shortfalls | | | | | | | |
| 18 | Contribu | itions m | ade to the plan for the plan y | ear by employer(s) and em | ployees: | | | | | | |
| () | (a) Date | | (b) Amount paid by | (c) Amount paid by | (a) Dat | | (b) Amount p | | (| | nt paid by |
| (IV | IM-DD-Y | (YY) | employer(s) | employees | (MM-DD-Y | YYY) | employer | (S) | | emplo | yees |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | Totals ► | 18(b) | | | 18(c) | | |
| 10 | Diagourt | tod oner | | tructions for small plan with | | . , | a haginaing of th | | 10(0) | | |
| 19 | | • | loyer contributions – see ins allocated toward unpaid min | • | | | 0 0 | e year: 19a | | | 0 |
| | | | • | • | | | | 19a 19b | | | 0 |
| | D Contr | ibutions | made to avoid restrictions a | ajusted to valuation date | | | | 130 | | | 0 |

c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....

(2) 2nd

C If 20a is "Yes," see instructions and complete the following table as applicable:

a Did the plan have a "funding shortfall" for the prior year?.....

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

Liquidity shortfall as of end of Quarter of this plan year

(3) 3rd

Γ

Page 3

| Pa | rt V | Assumptio | ns used to determine | funding target and tar | get n | ormal cost | | |
|----|---------------|--------------------|---------------------------------|------------------------------------|----------|-------------------------|--------------|----------------------------|
| 21 | Discou | nt rate: | | | | | | |
| | a Seg | gment rates: | 1st segment: <u>4.60</u> % | 2nd segment: 6.65 % | | 3rd segment: 6.76 % | | N/A, full yield curve used |
| | h Ann | liachla manth | | | | | 21b | 0 |
| 22 | | | · · · · | | | | 210 | 65 |
| | 0 | ty table(s) (see | | rescribed - combined | - | cribed - separate | Substitu | |
| | | Miscellane | · _ | | 1.000 | onoca coparate | Cabolita | |
| | | | | ctuarial assumptions for the cu | irrent n | lan vear? If "Ves" see | instructions | |
| 27 | | • | • | | | • | | |
| 25 | Has a r | method change | been made for the current | plan year? If "Yes," see instrue | ctions r | egarding required attac | hment | Yes 🏹 No |
| 26 | Is the p | lan required to | provide a Schedule of Activ | e Participants? If "Yes," see ir | nstructi | ons regarding required | attachment | Yes No |
| 27 | If the pl | lan is eligible fo | or (and is using) alternative f | unding rules, enter applicable | code a | nd see instructions | 27 | |
| | | ľ. | | | | | 21 | |
| | | | • | um required contribut | | | | |
| | | | | years | | | 28 | 0 |
| 29 | | | | rd unpaid minimum required c | | | 29 | 0 |
| 30 | , | , | | ontributions (item 28 minus iter | | | 30 | 0 |
| Pa | rt VIII | Minimum | required contribution | for current year | , | | | |
| | | | | structions) | | | 31 | 0 |
| | | zation installme | | , | | Outstanding Bala | ance | Installment |
| | a Net | shortfall amorti | zation installment | | | | 0 | 0 |
| | b Waiv | ver amortizatio | n installment | | | | 0 | 0 |
| 33 | | | | enter the date of the ruling lette | | | 33 | |
| | (Month | | Day Year |) and the waived amo | unt | | - 35 | |
| 34 | | | | ver/prefunding balances (item | | | 34 | 0 |
| | item 33 | s) | | Carryover balance | | Prefunding bala | | Total balance |
| 35 | Balance | es used to offs | et funding requirement | | 0 | | 0 | 0 |
| | | | 0 | 35) | Ŭ | | 36 | 0 |
| | | | | contribution for current year ac | | | | |
| 51 | | | | | | | 37 | 0 |
| 38 | Interest | t-adjusted exce | ess contributions for current | year (see instructions) | <u>.</u> | | 38 | 0 |
| 39 | Unpaid | minimum requ | ired contribution for current | year (excess, if any, of item 36 | over i | tem 37) | 39 | 0 |
| 40 | Unpaid | minimum requ | ired contribution for all years | S | | | 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: WITHDRAWAL/TURNOVER: MORTALITY:

RETIREMENT:

EXPENSES:

NONE NONE Pre-Retirement: None Post-Retirement: RP2000(project 2010); For Lump Sum payments – 1971 Group Annuity Male Table set back 6 years Age 65 (or current age, if later). All Non-Highly Compensated participants assumed to elect lump sum payment 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 2^{nd} 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 3^{rd} interest rate to be used to value expected benefit payments 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

| <u>EFFECTIVE DATE</u> : | January 1, 1987 |
|----------------------------|---|
| <u>ELIGIBILITY</u> : | 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

| VESTING SCHEDULE: | Years of Service | Vested % |
|-------------------|---------------------|-----------------|
| | 2 | 20% |
| | 3 | 40% |
| | 4 | 60% |
| | 5 | 80% |
| | At least 6 | 100% |
| | Participants in act | tive service at |

12/31/2007 are 100% vested

| | 5500-C/R | ATTACHMENT | 4743 | |
|----------|----------|------------|------|------|
| 3 | OR | ATTA | 137 | ~ |
| ULE SB | 5500 | 202 | 62- | 00 |
| SCHEDULE | FORM | ITEM | EIN: | : NA |

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

VALUATION DATE: 1/1/110

| ATTAINED | | | | | | OF CREDITED SERVICE | | | |
|----------|---------|--------|--------|----------|----------|---------------------|----------|----------|---|
| AGE | UNDER 1 | 1 TO 4 | 5 TO 9 | 10 TO 14 | 15 TO 19 | 20 TO 24 | 25 TO 29 | 30 TO 34 | 1 |
| UNDER 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TO 29 | 0 | 0 | Ч | 0 | 0 | 0 | 0 | 0 | |
| TO 34 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| TO 39 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| TO 44 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | |
| TO 49 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| TO 54 | 0 | 1 | e | 0 | 2 | 1 | 0 | 1 | |
| TO 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TO 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TO 69 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
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| Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (Nec Code). The Form is Q1 Inspective Revenue Code (Nec Code). Provide stands Quarky Consonant The as an attachment to Form 5500 or 5500-SF. For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2 Return of amounts to nearest dollar. Colspan="2">Colspan="2">The Form is Q1 Provide amounts to nearest dollar. Desting of the plan searest dollar. Colspan="2">Colspan="2">The Form is Q1 Provide amounts to nearest dollar. Colspan="2">Desting Signe Colspan="2">The Form is Q2 Provide Colspan="2">Provide Colspan="2">Provide Colspan="2">Provide Colspan="2">The Form is Q2 Provide Colspan= 2 Desting Colspan= 2 Provide Colspan= 2 Provide Colspan= 2 Desting Colspan= 2 Provide Colspan= 2 Provide Colspan= 2 | |
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| C For active participants: | |
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| 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 5 6 7 Interest rate. 5 6 6 5 7 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 assuraccordance 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 combination, offer my best estimate of anticipated experience under the plan. SIGN Maybul Maybul 05/17/2011 Signature of actuary Date 0UGLAS LEIGHT 11-02933 Type or print name of actuary Most recent enrollment num 0UGLAS L. LEIGHT LTD. (212) 873-8444 30 WEST 79 STREET Firm name Telephone number (including ar | |
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| Address of the firm | |
| the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see structions | |