

<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> 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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan <u>LINDA TOOL &amp; DIE CORP DEFINED BENEFIT PENSION PLA</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>01/01/1987</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LINDA TOOL &amp; DIE CORP.</u>  <u>163 DWIGHT STREET</u> <u>BROOKLYN, NY 11231</u>	<b>2b</b> Employer Identification Number (EIN) <u>62-1374743</u> <b>2c</b> Sponsor's telephone number <u>718-522-2066</u> <b>2d</b> Business code (see instructions) <u>332700</u>
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>LINDA TOOL &amp; DIE CORP.</u>  <u>163 DWIGHT STREET</u> <u>BROOKLYN, NY 11231</u>	<b>3b</b> Administrator's EIN <u>62-1374743</u> <b>3c</b> Administrator's telephone number <u>718-522-2066</u>
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN <b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> <u>36</u>
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> <u>26</u>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	<b>5c</b>
<b>6a</b> 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>b</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
<b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>	

<b>Part III</b>	<b>Financial Information</b>
<b>7</b> Plan Assets and Liabilities	
<b>a</b> Total plan assets .....	<b>7a</b> <u>879498</u>
<b>b</b> Total plan liabilities.....	<b>7b</b> <u>0</u>
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b> <u>879498</u>
<b>8</b> Income, Expenses, and Transfers for this Plan Year	
<b>a</b> Contributions received or receivable from:	
(1) Employers .....	<b>8a(1)</b> <u>6500</u>
(2) Participants .....	<b>8a(2)</b>
(3) Others (including rollovers).....	<b>8a(3)</b>
<b>b</b> Other income (loss).....	<b>8b</b> <u>3716</u>
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b> <u>10216</u>
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b> <u>70137</u>
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b> <u>10</u>
<b>g</b> Other expenses.....	<b>8g</b>
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b> <u>70147</u>
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b> <u>-59931</u>
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b> <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
<b>10</b> During the plan year:			
<b>a</b> 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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		150000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b> 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>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ..... ☐ Yes ☒ 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 ☒ 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/22/2012	MICHAEL DIMARINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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.

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

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2011	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 879498
<b>b</b> Actuarial value .....	<b>2b</b> 879498
<b>3</b> Funding target/participant count breakdown:	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> (1) Number of participants 0 (2) Funding Target 0
<b>b</b> For terminated vested participants .....	<b>3b</b> 20 102665
<b>c</b> For active participants:	
(1) Non-vested benefits .....	<b>3c(1)</b> 0
(2) Vested benefits .....	<b>3c(2)</b> 812059
(3) Total active .....	<b>3c(3)</b> 16 812059
<b>d</b> Total .....	<b>3d</b> 36 914724
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> 5.98 %
<b>6</b> Target normal cost .....	<b>6</b> 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.

<b>SIGN HERE</b>		09/18/2012
DOUGLAS LEIGHT	Signature of actuary	Date
DOUGLAS L. LEIGHT LTD.	Type or print name of actuary	11-02933
230 WEST 79 STREET NEW YORK, NY 10024-6246	Firm name	Most recent enrollment number
	Address of the firm	212-873-8444
		Telephone number (including area code)

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) 2011**  
**v.012611**

<b>Part II</b>		<b>Beginning of year carryover and prefunding balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	743	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	743	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.04</u> % .....	8	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38 from prior year) .....		0
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions) .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	751	0

<b>Part III</b>		<b>Funding percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	96.06 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	96.06 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	114.39 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and liquidity shortfalls</b>	
<b>18</b> 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	
03/24/2012	6500		
		<b>Totals ►</b>	<b>18(b)</b>
		6500	<b>18(c)</b>

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 6052
<b>20</b> Quarterly contributions and liquidity shortfalls:	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</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	
<b>c</b> 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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> 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
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	35977	5814	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	5814	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	5814	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	6052	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	238	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

FORM 5500 Sch SB  
 ITEM 26 ATTACHMENT  
 EIN: 62-1374743  
 PN: 001

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

VALUATION DATE: 1/1/2011

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	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
25 TO 29	0	0	1	0	0	0	0	0	0	0	0
30 TO 34	0	0	0	0	0	0	0	0	0	0	0
35 TO 39	0	0	1	1	0	0	0	0	0	0	0
40 TO 44	0	0	0	0	0	0	0	0	0	0	0
45 TO 49	0	0	0	0	1	0	0	0	0	0	0
50 TO 54	0	0	3	0	2	0	0	0	0	0	0
55 TO 59	0	0	1	0	1	1	0	1	0	0	0
60 TO 64	0	0	0	0	1	0	0	0	0	0	0
65 TO 69	0	0	0	0	0	0	0	0	0	0	0
70 & UP	0	0	0	0	1	0	0	0	0	0	0
TOTALS:	0	0	6	1	6	2	0	1	0	0	0

**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---2011 Plan Year**

INTEREST:	1stSegment: 2.94 % 2 <sup>nd</sup> Segment 5.82% 3 <sup>rd</sup> Segment 6.46 %
	Lump Sum Benefits at plan rate of 5 %
SALARY INCREASE:	NONE
WITHDRAWAL/TURNOVER:	NONE
MORTALITY:	Pre-Retirement: None Post-Retirement: RP2000(project 2011); 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 1<sup>st</sup> interest rate to be used to discount expected benefit payments from the plan during the 5 year period following the valuation date, the 2<sup>nd</sup> 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<sup>rd</sup> 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, Line 3**  
**EIN: 62-1374743 PN: 001**  
**2011 Plan Year**

**SCHEDULE OF SHORTFALL AMORTIZATION BASES AND INSTALLMENTS**

<b>January <u>1 of:</u></b>	<b><u>ORIGINAL BASE</u></b>	<b><u>REMAINING BASE VALUE</u></b>	<b><u>INSTALLMENT</u></b>	<b><u>YRS.REMAIN</u></b>
2011	\$ 35,977	\$ 35,977	\$ 5,814	7
<b><u>TOTALS:</u></b>		\$ 35,977	\$ 5,814	

**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, 2011 – DECEMBER 31, 2011

IN PREPARING THIS SCHEDULE SB, I HAVE RELIED UPON:

[1] INFORMATION THAT THE PLAN SPONSOR MAINTAINS NO OTHER QUALIFIED RETIREMENT PLANS, AND

[2] INFORMATION THAT THE PLAN SPONSOR IS NOT A MEMBER OF A CONTROLLED GROUP OF COMPANIES OR AN AFFILIATED SERVICE GROUP OF COMPANIES, AND

[3] INFORMATION 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**  
**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

**Linda Tool & Die Corp. Defined Benefit Pension Plan:**

**EIN#****Plan# 001**

<b>TOTAL</b>	<b>\$ 6,500</b>	<b><u>\$ 6,082</u></b>
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**TOTAL**

**\$ 6,500**

**\$ 6,082**

**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.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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. 1510-0110

**2011**

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 &amp; DIE CORP DEFINED BENEFIT PENSION PLAN

**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 &amp; DIE CORP.

**D** Employer Identification Number (EIN)

62-1374743

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2** Assets:**a** Market value**2a**

879,498

**b** Actuarial value**2b**

879,498

**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**

20

102,665

**c** For active participants:

(1) Non-vested benefits

**3c(1)**

0

(2) Vested benefits

**3c(2)**

812,059

(3) Total active

**3c(3)**

16

812,059

**d** Total**3d**

36

914,724

**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 that have been in at-risk status for fewer than five consecutive years and disregarding loading factor**4b****5** Effective interest rate**5**

5.98 %

**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***Douglas Leight*

Signature of actuary

9/18/2012

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

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) 2011  
v.012611