

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
A	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	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)	
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 PLAN</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; include room or suite number (employer, if for a 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	Sponsor's telephone number <u>718-522-2066</u>
		2d	Business code (see instructions) <u>332700</u>
3a	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	3b	Administrator's EIN
		3c	Administrator's telephone number
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.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>27</u>
b	Total number of participants at the end of the plan year	5b	<u>21</u>
c	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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

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.	09/24/2013	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	825985	835098
b Total plan liabilities	7b	6418	0
c Net plan assets (subtract line 7b from line 7a)	7c	819567	835098
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	173500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2278	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		175778
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	158588	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	1659	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		160247
i Net income (loss) (subtract line 8h from line 8c)	8i		15531
j Transfers to (from) the plan (see instructions)	8j	0	

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

10 During the plan year:	Yes	No	Amount
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)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	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?	10d	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.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
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 and complete Schedule SB (Form 5500) and line 11a below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a Enter the amount from Schedule SB line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 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 in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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 <u>LINDA TOOL & DIE CORP DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LINDA TOOL & DIE CORP</u>	D Employer Identification Number (EIN) <u>62-1374743</u>
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>01</u> Day <u>01</u> Year <u>2012</u>																								
2	Assets: <table><tr><td>a Market value</td><td>2a</td><td><u>819481</u></td></tr><tr><td>b Actuarial value</td><td>2b</td><td><u>819481</u></td></tr></table>	a Market value	2a	<u>819481</u>	b Actuarial value	2b	<u>819481</u>																		
a Market value	2a	<u>819481</u>																							
b Actuarial value	2b	<u>819481</u>																							
3	Funding target/participant count breakdown: <table><tr><td></td><td>(1) Number of participants</td><td>(2) Funding Target</td></tr><tr><td>a For retired participants and beneficiaries receiving payment.....</td><td>3a</td><td><u>0</u></td></tr><tr><td>b For terminated vested participants.....</td><td>3b</td><td><u>41594</u></td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td> (1) Non-vested benefits.....</td><td>3c(1)</td><td><u>0</u></td></tr><tr><td> (2) Vested benefits.....</td><td>3c(2)</td><td><u>762406</u></td></tr><tr><td> (3) Total active</td><td>3c(3)</td><td><u>762406</u></td></tr><tr><td>d Total</td><td>3d</td><td><u>804000</u></td></tr></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment.....	3a	<u>0</u>	b For terminated vested participants.....	3b	<u>41594</u>	c For active participants:			(1) Non-vested benefits.....	3c(1)	<u>0</u>	(2) Vested benefits.....	3c(2)	<u>762406</u>	(3) Total active	3c(3)	<u>762406</u>	d Total	3d	<u>804000</u>
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b For terminated vested participants.....	3b	<u>41594</u>																							
c For active participants:																									
(1) Non-vested benefits.....	3c(1)	<u>0</u>																							
(2) Vested benefits.....	3c(2)	<u>762406</u>																							
(3) Total active	3c(3)	<u>762406</u>																							
d Total	3d	<u>804000</u>																							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>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</td><td>4b</td><td></td></tr></table>	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																			
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5	Effective interest rate	5	<u>6.93 %</u>																						
6	Target normal cost.....	6	<u>0</u>																						

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		<u>09/18/2013</u>
	Signature of actuary	Date
<u>DOUGLAS L LEIGHT</u>		<u>11-02933</u>
	Type or print name of actuary	Most recent enrollment number
<u>DOUGLAS L LEIGHT LTD</u>		<u>212-873-8444</u>
	Firm name	Telephone number (including area code)
<u>230 WEST 79 STREET</u> <u>NEW YORK, NY 10024</u>		
	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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	751	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	751	0
10	Interest on line 9 using prior year's actual return of <u>0.44</u> %	3	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		238
b	Interest on (a) using prior year's effective interest rate of <u>5.98</u> % except as otherwise provided (see instructions)		14
c	Total available at beginning of current plan year to add to prefunding balance		252
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	754	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.83 %
15	Adjusted funding target attainment percentage	15	101.83 %
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	96.14 %
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	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/26/2012	53500	0	10/23/2012	20000	0
07/13/2012	10000	0			
07/18/2012	20000	0			
08/03/2012	10000	0			
09/21/2012	10000	0			
09/25/2012	50000	0			
Totals ▶			18(b)	173500	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 contributions 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	167285
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 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: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	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 (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	167285	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	167285	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
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		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

LINDA TOOL & DIE CORP. DEFINED BENEFIT PENSION PLAN
SCHEDULE SB; PART V, Line 26
EIN: 62-1374743 PN: 001

SCHEDULE OF ACTIVE PARTICIPANT DATA

<u>Attained</u> <u>Age</u>	<u>-----Years of Credited Service-----</u>									
	<u>Under 1--</u>	<u>1to4--</u>	<u>5to9--</u>	<u>10to14--</u>	<u>15to19--</u>	<u>20to24--</u>	<u>25to29--</u>	<u>30to34--</u>	<u>35to39--</u>	<u>40 and up</u>
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	1	1	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	0	0	0	0
45 to 49	0	0	0	0	2	0	0	0	0	0
50 to 54	0	0	1	1	1	1	0	0	0	0
55 to 59	0	0	1	1	1	1	0	0	1	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 and up	0	0	0	0	1	0	0	0	0	0
TOTAL:	0	0	4	3	6	2	0	0	1	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---2012 Plan Year

INTEREST:	1stSegment: 5.54 % 2 nd Segment 6.85% 3 rd Segment 7.52 %
	Lump Sum Benefits at plan rate of 5 %
SALARY INCREASE:	NONE
WITHDRAWAL/TURNOVER:	NONE
MORTALITY:	Pre-Retirement: None Post-Retirement: RP2000(project 2012); 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**

STATEMENT OF THE ENROLLED ACTUARY

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

PLAN YEAR: JANUARY 1, 2012 – DECEMBER 31, 2012

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
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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2012**2** Assets:**a** Market value **2a** 819,481**b** Actuarial value **2b** 819,481**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** 11 41,594**c** For active participants:(1) Non-vested benefits **3c(1)** 0(2) Vested benefits **3c(2)** 762,406(3) Total active **3c(3)** 16 762,406**d** Total **3d** 27 804,000**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** 6.93 %**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.


Signature of actuary

9/18/2013

Date

DOUGLAS L 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

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) 2012
v. 120126

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS - 2012 Plan Year**Linda Tool & Die Corp. Defined Benefit Pension Plan: EIN# 62-1374743 Plan# 001**

Contribution Date	Contribution Amount	Discount@6.93 % Effective Interest Rate	Discount@ 11.93% Rate of Interest	VALUE OF DISCOUNTED CONTRIBUTION
03/26/2012	53,500	85 days	N/A	\$ 52,671
07/13/2012	10,000	194 days	N/A	\$ 9,650
07/18/2012	20,000	199 days	N/A	\$ 19,282
08/03/2012	10,000	215 days	N/A	\$ 9,613
09/21/2012	10,000	264 days	N/A	\$ 9,527
09/25/2012	50,000	268 days	N/A	\$ 47,600
10/23/2012	20,000	296 days	N/A	\$ 18,942

TOTAL	\$ 173,500			<u>\$ 167,285</u>
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