

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	06/28/2004	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) STANLEY CONVERGENT SECURITY SOLUTIONS, INC. 55 SHUMAN BLVD, SUITE 900 NAPERVILLE, IL 60563	2b Employer Identification Number (EIN) 20-1044950	2c Sponsor's telephone number 630-245-7100	2d Business code (see instructions) 541600

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 accompanying schedules, statements and attachments, 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.	09/30/2010	EMILY SANFORD
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") STANLEY CONVERGENT SECURITY SOLUTIONS, INC. 55 SHUMAN BLVD, SUITE 900 NAPERVILLE, IL 60563	3b Administrator's EIN 20-1044950 3c Administrator's telephone number 630-245-7100
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	591
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	382
b Retired or separated participants receiving benefits.....	6b	12
c Other retired or separated participants entitled to future benefits.....	6c	194
d Subtotal. Add lines 6a , 6b , and 6c	6d	588
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	590
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a 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:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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>HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STANLEY CONVERGENT SECURITY SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>20-1044950</u>
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 <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>10540726</u>
b Actuarial value	2b <u>11594799</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>8</u> <u>488254</u>
b For terminated vested participants	3b <u>179</u> <u>2398451</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1794505</u>
(2) Vested benefits	3c(2) <u>9224704</u>
(3) Total active	3c(3) <u>404</u> <u>11019209</u>
d Total	3d <u>591</u> <u>13905914</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.56</u> %
6 Target normal cost	6 <u>114649</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>09/09/2010</u>
Signature of actuary	Date
<u>THOMAS G. FIELDS</u>	<u>08-05317</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>901-252-4039</u>
Firm name	Telephone number (including area code)
<u>3350 PLAYERS CLUB PARKWAY, STE 200</u> <u>MEMPHIS, TN 38125-8917</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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	756000	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....	756000	
10	Interest on item 9 using prior year's actual return of <u>-20.34</u> %	-153755	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>6.20</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	132178	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	470067	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	99.02 %
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
			Totals ►	18(b)	18(c)

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	114649
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1946827	327825
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	442474
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	442474	442474
36 Additional cash requirement (item 34 minus item 35).....	36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STANLEY CONVERGENT SECURITY SOLUTIONS, INC.	D Employer Identification Number (EIN) 20-1044950	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON DELAWARE INC.

52-2211537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	69899	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIONDELLA, MILONE & LASARACINA, LLP

06-1648707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9578	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	ANN KAMPE	b EIN:	52-2211537
c Position:	ENROLLED ACTUARY		
d Address:	TOWERS WATSON, 80 WILLIAM STREET WELLESLEY HILLS, MA 02481-3713	e Telephone:	781-237-3900

Explanation: REASSIGNMENT OF RESPONSIBILITIES WITHIN TOWERS WATSON DELAWARE INC.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN;	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN;	
c Position:			
d Address:		e Telephone:	

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STANLEY CONVERGENT SECURITY SOLUTIONS, INC.				D Employer Identification Number (EIN) 20-1044950	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: STANLEY WORKS PENSION PLN MSTR TRST					
b Name of sponsor of entity listed in (a): THE STANLEY WORKS					
c EIN-PN 06-0548860-028		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12874439	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 STANLEY CONVERGENT SECURITY SOLUTIONS, INC.	D Employer Identification Number (EIN) 20-1044950	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	12148	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	429905	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	12874439
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10098674	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10540727	12874439

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	21641	14565
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21641	14565

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10519086	12859874
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2512726
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2512726

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57756	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		57756
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	109119	
(2) Contract administrator fees	2i(2)	4000	
(3) Investment advisory and management fees	2i(3)	1063	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		114182
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		171938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2340788
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FIONDELLA, MILONE & LASARACINA, LLP

(2) EIN: 06-1648707

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANLEY CONVERGENT SECURITY SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>20-1044950</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5160382</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements

HSM Electronic Protection Services, Inc. Pension Plan

*Years ended December 31, 2009 and 2008
with Report of Independent Auditors*

HSM Electronic Protection Services, Inc. Pension Plan

Financial Statements

Years ended December 31, 2009 and 2008

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EXPERIENCE THAT COUNTS.

Report of Independent Auditors

To the Finance and Pension Committee
of the Board of Directors
Stanley Black & Decker, Inc.

We were engaged to audit the accompanying financial statements of HSM Electronic Protection Services, Inc. (the Plan) as of December 31, 2009 and 2008, and for the years then ended as listed in the table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR § 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by The Bank of New York Mellon, the trustee of the Plan as of and for the year ended December 31, 2009, and Wells Fargo Bank, N.A., the trustee of the Plan as of and for the year ended December 31, 2008, except for comparing such information to the related information included in the financial statements. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2009 from The Bank of New York Mellon, and as of and for the year ended December 31, 2008 from Wells Fargo Bank, N.A., that the information provided to the Plan administrator by the applicable trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
September 22, 2010

HSM Electronic Protection Services, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments at fair value:		
Plan interest in Master Trust	\$ 12,874,439	\$ -
Interest bearing cash	-	429,905
Equity mutual funds	-	6,085,131
Bond mutual funds	-	4,013,543
Total investments at fair value	12,874,439	10,528,579
Accrued investment income	-	12,148
Total assets	12,874,439	10,540,727
Liabilities		
Accrued administrative expenses	14,565	21,641
Total liabilities	14,565	21,641
Net assets available for benefits	\$ 12,859,874	\$ 10,519,086

See accompanying notes.

HSM Electronic Protection Services, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2009	2008
Additions		
Investment income:		
Interest in net appreciation and investment income of Master Trust	\$ 2,512,726	\$ -
Interest and dividends	-	398,364
Total additions	2,512,726	398,364
Deductions		
Net depreciation in fair value of investments	-	3,108,973
Benefits paid directly to participants	57,756	37,889
Administrative expenses	114,182	99,365
Total deductions	171,938	3,246,227
Net increase (decrease)	2,340,788	(2,847,863)
Net assets available for benefits at beginning of year	10,519,086	13,366,949
Net assets available for benefits at end of year	<u>\$ 12,859,874</u>	<u>\$ 10,519,086</u>

See accompanying notes.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements

Years Ended December 31, 2009 and 2008

1. Background and Description of the Plan

The following description of the HSM Electronic Protection Services, Inc. Pension Plan (the Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the *Plan Document* and *Summary Plan Description*, which are available from the plan administrator.

General

The Plan is a noncontributory, defined benefit pension plan established on June 28, 2004 to provide pension benefits to certain former employees of Honeywell International Inc. (Honeywell) who became employees of HSM Electronic Protection Services, Inc. (HSM). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On January 16, 2007, HSM was acquired by Stanley Black & Decker, Inc. (the Company).

Participants' accounts were transferred to the Plan from two Honeywell plans, the Honeywell International Inc. Retirement Earnings Plan and the Honeywell Protection Services Pension Plan. Concurrent with the inception of the Plan on June 28, 2004, the portion of the actuarial present value of accumulated plan benefits and related plan investments attributable to the participants transferred from the two Honeywell plans were transferred to the Plan.

On January 2, 2009, the Plan merged into The Stanley Works Pension Plan Master Trust (the Master Trust), and all Plan assets at this time were transferred to The Bank of New York Mellon, the trustee of the Master Trust.

Benefits

Plan benefits are based on various factors, including length of service and final average earnings, as defined in the Plan. The normal form of benefit is a 100 percent joint and survivor spouse annuity or a single life annuity. Each eligible employee becomes fully vested upon completion of five years of continuous service, as defined in the Plan document. Effective July 1, 2006, the benefits provided by the Plan for all participants other than Supplement A participants, as defined in the Plan document, were frozen and no future benefit accruals will be earned by them under the Plan. Their benefits under the Plan will not be reduced, and will be distributed upon their retirement or termination, in accordance with Plan provisions.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

1. Background and Description of the Plan (continued)

Benefits (continued)

Effective March 1, 2007, the benefits provided by the Plan for Supplement A participants, as defined in the plan document, were frozen such that, on and after such date, no individual may become a participant in the Plan, no additional benefits will accrue and no additional service credit will be earned.

Funding Policy

The Company's funding policy is to make periodic contributions to the Plan in amounts not less than the amounts necessary to meet minimum funding requirements under the Employee Retirement Securities Act of 1974 (ERISA) and not more than the amounts permitted under the Internal Revenue Code (IRC). There was no minimum funding required for 2009 and 2008. During 2009 and 2008, the Company made no contributions to the Plan. The Plan's funding policy provides for payment of normal cost plus amortization of the unfunded actuarial accrued liability over 25 years. The Plan has met the ERISA minimum funding requirements.

Administration

The Plan is administered by a Finance and Pension Committee appointed by the Board of Directors of the Company.

2. Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

For 2009, the Plan's investment consists of an interest in the Master Trust (Note 9). The fair value of the Plan's interest in the Master Trust is based on the Plan assets held in the Master Trust as adjusted for contributions, investment earnings and losses and actual benefit distributions.

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

For 2008, the Plan's equity and bond mutual funds and interest-bearing cash are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Unit prices of collective funds are based on the market value of the fund's assets less the fund's liabilities on the valuation date.

Fair Value of Investments

The Plan follows FASB ASC 820, *Fair Value Measurement and Disclosures* (ASC 820), for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including the Plan's own credit risk.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Fair Value of Investments (continued)

In addition to defining fair value, ASC 820 expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 – inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 – inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

Benefits

Benefit claims are recorded as expenses when they have been approved for payment and paid by the Plan.

Administrative Expenses

To the extent permitted under ERISA, fees for actuarial and auditing expenses and other specified expenses of administration of the Plan are paid from the Master Trust, unless paid by the Company.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Adoption of New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (“FASB”) issued Statement of Financial Accounting Standards 168, “The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles,” (“SFAS 168”) codified in ASC 105, “Generally Accepted Accounting Principles” (“ASC 105”), which establishes the FASB Accounting Standards Codification (“ASC”) as the single source of authoritative generally accepted accounting principles. The Codification superseded all then-existing non-SEC accounting and reporting standards. The issuance of this statement does not change generally accepted accounting principles; it has, however, changed the applicable citations and naming conventions used when referencing generally accepted accounting principles.

During 2009, the Plan adopted ASC 855, “Subsequent Events”, which modified the subsequent events guidance. The three modifications to the subsequent events guidance are: (1) to name the two types of subsequent events either as recognized or non-recognized subsequent events, (2) to modify the definition of subsequent events to refer to events or transactions that occur after the balance sheet date, but before the financial statements are issued or available to be issued and (3) to require entities to disclose the date through which an entity has evaluated subsequent events and the basis for that date, i.e. whether that date represents the date the financial statements were issued or were available to be issued. This guidance became effective for interim or annual financial periods ending after June 15, 2009, and is to be applied prospectively. The adoption did not have a material effect on the Plan’s financial statements.

Subsequent Events

The Plan has evaluated events occurring between December 31, 2009 and September 22, 2010, the date the financial statements were available to be issued. There were no subsequent events identified.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under that Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The accumulated plan benefits for active employees are determined based on their years of credited service and the benefit unit multiplier in effect on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (i.e. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary from Towers Watson estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participant to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefit information as of the beginning of the plan year follows:

	January 1,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Other participants	\$ 10,026,369	\$ 8,205,293
Participants currently receiving payments	443,298	349,466
Total vested benefits	10,469,667	8,554,759
Nonvested benefits	1,610,802	1,775,311
Total actuarial present value of accumulated plan benefits	\$ 12,080,469	\$ 10,330,070

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The following is a reconciliation of present value of accumulated benefits as of January 1, 2009:

Present value of accumulated plan benefits as of January 1, 2008	\$ 10,330,070
Changes during the period attributable to:	
Decrease in the discount period	824,890
Actual benefits paid	(37,889)
Actuarial gains	(6,870)
Plan amendment	149,878
Change of assumptions	820,390
Net increase	<u>1,750,399</u>
Present value of accumulated plan benefits as of January 1, 2009	<u>\$ 12,080,469</u>

Significant assumptions underlying the actuarial computations are as follows:

Effective interest rate *	6.56% - 2009, 6.20% - 2008
Mortality basis	Static Mortality Table prescribed for funding under Section 430(h)(3)(A) of the Internal Revenue Code for 2009 and 2008.
Employee turnover	It is assumed that there will be no new or rehired employees.
Retirement age	Graduated retirement rates from age 55 through age 69 with 100 percent retired at age 70.

* The effective interest rate is based on new rates mandated by the Pension Protection Act in 2008.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

4. Investments

The Company maintains The Stanley Works Pension Plan Master Trust Agreement for the Master Trust. Pursuant to the trust agreement, the assets of the Master Trust are held and administered by The Bank of New York Mellon (Trustee) as of December 31, 2009. The Trustee holds cash, short-term investments and mutual funds, which are stated at fair market value. In accordance with the trust agreement, the Trustee holds the Plan's assets and executes investment transactions. All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2009, net appreciation of assets, interest income and expenses for the year then ended were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

During 2008, the Plan held interest-bearing cash, equity mutual funds, and bond mutual funds, which are stated at fair market value. In accordance with the trust agreement, the Trustee holds the Plan's assets and executes investment transactions. Investment information disclosed in the accompanying financial statements, including investments held at December 31, 2008, net depreciation, interest income and expenses for the year then ended were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A., the prior trustee.

The change in the difference between current value and the cost of investments is reflected as unrealized appreciation or depreciation in the aggregate current value of investments. The realized gain or loss on investments is the difference between the proceeds received and the average cost of investments sold. The total unrealized appreciation or depreciation and the realized gain or loss is reflected as net appreciation or depreciation in fair value of investments within the operating results of the Master Trust (2009) and Trust (2008).

The fair values of individual investments that represent 5% or more of the Plan's assets available for benefits are as follows (refer to Note 9 – Investment in Master Trust for additional information):

	2009	2008
Plan's interest in Master Trust	\$ 12,874,439	\$ -
PIMCO Total Return Institutional Shares	-	4,013,543
SSGA S&P 500 Flagship	-	3,300,073
American Europacific Growth Fund	-	2,144,501
LKCM Small Cap Equity Portfolio	-	640,557

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

4. Investments (continued)

Net Depreciation in Fair Value

During 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	December 31, 2008
Equity mutual funds	\$ (2,812,351)
Bond mutual funds	(296,622)
Total depreciation in fair value of investments	<u>\$ (3,108,973)</u>

5. Income Tax Status

The Internal Revenue Service has ruled that the Plan and the trust qualify under Sections 401(a) and 401(k) of the IRC and are therefore not subject to tax under present income tax law. Once qualified, the Plan is required to operate in accordance with the IRC to maintain its qualification. The Finance and Pension Committee is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. An updated determination letter regarding the Plan was issued by the IRS on August 29, 2005. The Plan has been amended since receiving the determination letter. However, the Plan administrator, which consults regularly with counsel regarding Plan matters, believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. That portion of a participant's benefit derived from his or her own contributions.
- b. Benefits that former employees or their beneficiaries have been receiving for at least three years as of the date of the Plan termination, or that employees who were eligible to retire at least three years prior to the date of the Plan termination would have been receiving if they had retired and received benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest amount that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), up to the applicable limitation (discussed below).
- d. All other vested benefits not insured by the PBGC.
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009 and 2008, the monthly ceiling was \$4,500 and \$4,313, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, the financial condition of the Company and the level of benefits guaranteed by the PBGC.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

7. Plan Termination (continued)

If participants receive all of their benefits pursuant to the termination of the Plan, any assets remaining after the benefits are provided will be returned to the Company.

8. Related Parties

Plan assets include investments in funds managed by The Bank of New York Mellon for the year ending December 31, 2009, and Wells Fargo Bank, N.A. for the year ending December 31, 2008, which also serve as the Plan's trustees and perform certain administrative services for the Plan and as such, these transactions qualify as party-in-interest transactions under ERISA. These party-in-interest transactions are deemed not to be prohibited because they are covered by statutory and administrative exemptions pursuant to the IRC and the rules under ERISA regarding prohibited transactions.

9. Investment in Master Trust

For the year ended December 31, 2009, the Plan's investment consists of an interest in the Master Trust. The Master Trust was created and is maintained for certain employee pension benefit plans sponsored by Stanley Black & Decker, Inc. or a U.S. subsidiary of Stanley Black & Decker, Inc., including the Plan. The Plan's interest in the assets of the Master Trust was 11.8%, amounting to \$12,874,439 as of December 31, 2009. Investment income and administrative expenses related to the Master Trust are allocated to the individual pension benefit plans based upon average monthly balances invested by each such plan.

The following is a summary of the financial information and data for the Master Trust certified by the Trustee, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	December 31, 2009
Trust assets:	
Investments at fair value:	
Short-term investments	\$ 392,692
Equity mutual funds	65,877,881
Bond mutual funds	42,470,663
Total investments at fair value	108,741,236
Accrued income on short-term investments	81
Total trust assets	<u>\$ 108,741,317</u>

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

9. Investment in Master Trust (continued)

The changes in the assets of the Master Trust are as follows:

	December 31, 2009
Additions:	
Investment income:	
Net appreciation of plan assets	\$ 18,721,131
Dividends on common stock	2,564,580
Interest	12,785
Total investment gain	<u>21,298,496</u>
Employer contributions	3,664,000
Transfer from other accounts	1,912,350
Total additions	<u>26,874,846</u>
Deductions:	
Benefits paid directly to participants	7,215,578
Administrative expenses	921,637
Total deductions	<u>8,137,215</u>
Net increase before transfers	<u>18,737,631</u>
Transfers in	54,689,119
Net increase	<u>73,426,750</u>
Assets at beginning of year	35,314,567
Assets at end of year	<u><u>\$ 108,741,317</u></u>

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements (continued)

9. Investment in Master Trust (continued)

The fair values of individual investments that represent 5% or more of the Master Trust's assets are as follows:

	December 31, 2009
PIMCO Total Return Fund	\$ 42,470,663
SSGA S&P 500 Flagship NL Fund	36,210,936
EuroPacific Growth Fund	23,082,138
Luther King Small Cap Fund	6,584,807

10. Fair Value Measurements

The following tables summarize the fair values and levels within the fair value hierarchy in which the fair value measurements fall for Master Trust (2009) and Plan (2008) assets measured on a recurring basis:

	Fair Value at December 31, 2009			
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
PIMCO Total Return Fund	\$ 42,470,663	\$ 42,470,663	\$ -	\$ -
SSGA S&P 500 Flagship NL Fund	36,210,936	-	36,210,936	-
EuroPacific Growth Fund	23,082,138	23,082,138	-	-
Luther King Small Cap	6,584,807	6,584,807	-	-
EB Temporary Investment Fund	392,773	-	392,773	-
Total investments at fair value	<u>\$ 108,741,317</u>	<u>\$ 72,137,608</u>	<u>\$ 36,603,709</u>	<u>\$ -</u>

	Fair Value at December 31, 2008			
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Interest bearing cash	\$ 429,905	\$ 429,905	\$ -	\$ -
Equity mutual funds	6,085,131	2,785,058	3,300,073	-
Bond mutual funds	4,013,543	4,013,543	-	-
Total Investments at Fair Value	<u>\$ 10,528,579</u>	<u>\$ 7,228,506</u>	<u>\$ 3,300,073</u>	<u>\$ -</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Former Honeywell Retirement Benefit Plan Participants

Plan Sponsor

Stanley Convergent Security Solutions, Inc.

Plan

HSM Electronic Protection Services, Inc. Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective June 28, 2004. The last amendment reflected herein is Amendment effective January 1, 2008.

Eligibility

Employees must satisfy the following criteria:

- (a) The employee must have become an active employee as of the effective date of the plan.
- (b) The employee must have been a participant in the prior Honeywell plan.
- (c) The employee did not retire from Honeywell prior to the effective date.

Normal Retirement

Eligibility A participant is eligible for normal retirement at his Social Security Normal Retirement Age.

Benefit The annual normal retirement benefit is the sum of:

- (i) 1.0% of Final Average Earnings per year of Credited Service (up to a maximum of 30 years)
- (ii) 0.5% of Final Average Earnings per year by which credited service exceeds 30 (up to a maximum of 5 years)

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

- (iii) 0.6% of Final Average Earnings in excess of the Covered Earnings base per year of credited service (up to a maximum of 30 years)

Benefits were frozen on July 1, 2006.

Commencement Date The first day of the month immediately coinciding with or following the Date participant's normal retirement date.

Form of Payment Single employees Life annuity
 Married employees 100% joint and survivor annuity

Deferred Retirement

Payment of monthly retirement benefits may be deferred beyond the normal retirement date if a participant continues in the active employ of the Company beyond normal retirement date. The monthly benefit is increased for late retirement using tabular plan factors which are defined based on Social Security Normal Retirement Age.

Early Retirement

Eligibility After attaining age 55 and 10 years of vesting service, or attaining age 65, a participant is eligible for early retirement.

Benefits The early retirement benefit is equal to the normal retirement benefit reduced as follows:

- (i) If the sum of age and vesting service is less than 85, the normal retirement benefit is subject to the reduction shown below, for each full month by which benefit commencement precedes normal retirement date:

Year of Birth	Monthly Reduction
1947 or earlier	0.30%
1948 - 1960	0.35%
1961 or later	0.40%

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

- (ii) If the sum of age and vesting service is 85 or more, the benefit is subject to the reductions shown below for each full month for which the benefit commencement date precedes the respective unreduced retirement age:

Year of Birth	Unreduced Early Retirement Age	Monthly Reduction
Before 1938	60	0.30%
1938-1942	61	0.30%
1943-1947	62	0.30%
1948-1951	63	0.35%
1952-1954	64	0.35%
1955-1957	65	0.35%
1958-1960	66	0.35%
1961 and after	67	0.40%

Form of Payment Same as for normal retirement

Disability Benefit

Eligibility A participant is eligible for disability benefits under the plan if permanently and totally disabled.

Benefits The plan provided for additional accrual of credited service from the disability date to the retirement date. However, the plan was frozen effective July 1, 2006.

Termination of Employment

Eligibility A participant with at least 5 years of vesting service whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit.

Benefits The participant's accrued benefit as of the terminated date under the normal retirement benefit formula is provided.

Commencement Date If the participant has 5 or more but less than 10 years of vesting service, benefits are deferred to age 65 or normal retirement date. Benefits paid before normal retirement age reduced in the same manner as for early retirement. If the participant has 10 or more years of vesting service, vested benefits are payable as early as age 55, reduced for early commencement in the same manner as early retirement benefits.

Form of Payment Same as for normal retirement.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefits

- Eligibility A participant's spouse will be entitled to a benefit in the event of the participant's death, if the following conditions are met.
- (i) Active with 5 or more years of vesting service or terminated vested at the date of death
 - (ii) Married at the date of death
- Benefits (i) If the participant dies while in the service of the employer or after termination, with 5 but less than 10 years of vesting service, the spouse receives 100% of the benefit the participant would have received if the deceased participant elected a 100% joint and survivor annuity. The benefit is deferred to no earlier than the early retirement date and is reduced by the appropriate early retirement and/or joint & survivor factors in the same manner as for early retirement.
- (ii) If the participant dies while in the service of the employer with 10 or more years of vesting service, the spouse receives an amount equal to 100% of the deceased participant's accrued benefit, reduced for early commencement but not reduced for form of payment.
- Commencement (i) If the sum of the participant's age and vesting service at the date of death is Date 85 or more, the spouse's benefit is payable immediately upon death of the participant.
- (ii) If the participant has 10 or more years of vesting service (but the sum of age and vesting service is less than 85), the spouse's benefit is deferred to the date the participant would have attained age 55.
- Otherwise, the benefit is deferred to the date the participant would have attained age 65.

Changes in Plan Provisions since Last Actuarial Valuation

The survivor percentage for pre-retirement death benefits was changed from 50% to 100%.

All participants of the former Honeywell Retirement Plan may now elect a 75% Joint and Survivor option at retirement.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Former Honeywell Protection Services Participants

Plan Sponsor

Stanley Convergent Security Solutions, Inc.

Plan

HSM Electronic Protection Services Inc. Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective June 28, 2004. The last amendment reflected herein is Amendment effective January 1, 2008.

Eligibility

Employees must satisfy the following criteria:

- (a) The employee must have become an active employee as of the effective date of the plan.
- (b) The employee must have been a participant in the prior Honeywell plan.
- (c) The employee did not retire from Honeywell prior to the effective date.

Normal Retirement

Eligibility A participant is eligible for normal retirement on the last day of the payroll week in which the participant attains age 65.

Benefit The normal retirement benefit is a flat dollar amount (determined based on termination date as shown below) for each year of credited service:

Termination Date	\$ Benefit per Year of Credited Service
Prior to November 18, 2004	\$31.00
Prior to November 18, 2005	\$33.50
On or after November 18, 2005	\$34.50

Benefits were frozen effective March 1, 2007.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Commencement Date The first day of the month immediately coinciding with or following the participant's normal retirement date.

Form of Payment Single employees Life annuity
Married employees 50% joint and survivor annuity

Early Retirement

Eligibility After attaining age 62 and 10 years of vesting service, an employee is eligible for early retirement.

Benefits The early retirement benefit is equal to the normal retirement benefit reduced 5/9% for each full month by which benefit commencement precedes the normal retirement date.

Form of Payment Same as for normal retirement

Disability Benefit

Eligibility After attaining 15 or more years of Credited Service and permanently and totally disabled.

Benefits The monthly benefit is determined in the same manner as the normal retirement benefit based on projected credited service at retirement as follows:

Year of Credited Service	% of Benefit
15 – 19	50%
20 – 24	80%
25 and over	100%

However, the plan was frozen effective March 1, 2007.

Termination of Employment

Eligibility A participant with at least 5 years of vesting service whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit.

Benefits The participant's accrued benefit as of the terminated date under the normal retirement benefit formula is provided.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Commencement Date Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date.

Form of Payment Same as for normal retirement.

Pre-Retirement Death Benefits

Eligibility A participant's spouse will be entitled to a benefit in the event of the participant's death, if the following conditions are met as of the participant's date of death:

(i) Age 58 and 10 or more years of credited service and married at date of death

or

(ii) 5 or more years of credited service and married at date of death.

Benefits If the participant meets eligibility requirement (i), the monthly benefit payable to the spouse is 50% of the participant's accrued benefit, reduced for early commencement in the same manner as the early retirement benefit.

If the participant meets eligibility requirement (ii) the monthly benefit payable to the spouse is 50% of the benefit amount to which the participant would have been entitled if he had survived to his earliest retirement age, elected the 50% joint and survivor benefit, retired and then died the day after retirement.

Commencement Date (i) If the participant meets eligibility retirement (i), benefits for the spouse are payable immediately upon the participant's death.

(ii) If the participant meets eligibility requirement (ii), benefits to the spouse are deferred to the earliest date on which the participant would have been eligible to retire.

Changes in Plan Provisions since Last Actuarial Valuation

All participants may now elect a 75% Joint and Survivor option at retirement.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2009

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	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		1		0		0		0		0		0	
25 - 29	0		10		1		0		0		0		0	
30 - 34	0		15		6		0		0		0		0	
35 - 39	0		26		4		2		0		0		0	
40 - 44	0		50		10		1		3		1		0	
45 - 49	0		78		3		5		5		6		4	
50 - 54	1		55		3		4		7		6		3	
55 - 59	0		33		3		0		3		11		10	
60 - 64	0		5		1		1		2		0		1	
65 - 69	0		1		1		0		0		0		0	
70 & Over	0		0		0		0		0		0		0	

Plan Name:
 EIN / PN:
 Plan Sponsor:
 Valuation Date:

HSM Electronic Protection Services, Inc. Pension Plan
 20-1044950 / 002
 Stanley Convergent Security Solutions, Inc.
 January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Stanley Convergent Security Solutions, Inc.

EIN/PN

20-1044950/002

Discount Rates

Current plan year PPA effective interest rate: 6.56%

Prior plan year PPA effective interest rate: 6.20%

3-Segment Rates

Applicable month: January

Transition election: No

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$114,649.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire are shown below.

Prior Honeywell Retirement Benefit Plan Participants:

Percentage retiring during the year		
Attained Age	< 85 Points	≥ 85 Points
55-59	5%	8%
60	10%	15%
61	10%	20%
62	25%	25%
63-64	20%	20%
65	40%	40%
66-69	30%	30%
70	100%	100%

Prior Honeywell Protection Services Participants:

Percentage retiring during the year	
Attained Age	Percentage
58	1%
59	2%
60	5%
61	25%
62	30%
63 – 64	10%
65 and older	100%

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SCHEDULE SB ATTACHMENTS

Disability Rates

The rates at which participants become disabled are shown below:

Prior Honeywell Retirement Benefit Plan Participants:

Percentage becoming disabled during the year	
Attained Age	Percentage
<50	0.0000%
55-59	0.0354%
60-64	0.1416%
65+	0.0000%

Prior Honeywell Protection Services Participants:

Percentage becoming disabled during the year	
Attained Age	Percentage
25	0.00024%
35	0.00032%
45	0.00080%
55	0.00360%
60	0.00720%

Compensation Increases

None, benefits are frozen.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Representative Termination Rates

The rates at which participants are expected to terminate employment are shown below:

Prior Honeywell Retirement Benefit Plan Participants:

Attained Age	Percentage leaving during the year			
	Years of Service			
	0 – 2	3	4	5+
25	22.0%	20.0%	15.0%	13.5%
30	18.5%	18.5%	15.0%	11.0%
35	16.0%	16.0%	13.5%	8.8%
40	15.0%	13.5%	11.0%	6.8%
45	15.0%	12.5%	10.0%	5.4%
50	15.0%	12.5%	10.0%	4.4%
55	15.0%	12.5%	10.0%	3.5%
60	15.0%	12.5%	10.0%	0.0%

Prior Honeywell Protection Services Participants:

Attained Age	Percentage	
	Male	Female
25	7.1%	9.4%
30	5.6%	7.4%
35	4.2%	5.6%
40	3.3%	4.4%
45	2.7%	3.6%
50	2.0%	2.6%
55	1.2%	1.6%
60+	0.0%	0.0%

Form of Payment

Participants are assumed to elect the life annuity.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, actual spouse data is used where available. For other participants, the following assumptions are used:

Prior Honeywell Retirement Benefit Plan Participants

Gender	% Married
Male	85%
Female	85%

Prior Honeywell Protection Services Participants

Gender	% Married
Male	85%
Female	65%

Husbands are assumed to be 3 years older than their wives.

Employees

It was assumed there will be no new or rehired employees.

Asset Method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.43%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.43%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.09%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.09%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

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Participant Data

Employee data, data on persons receive benefits, and data on other participants was supplied by The Stanley Works.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not Included in Valuation

All benefits except the grandfathered benefit (including the minimum benefit for certain legacy participants) have been valued.

PBGC Premium Funding Target

For purposes of determining the PBGC Premium Funding Target in Section 2.2.D, the Standard Premium Funding Target was determined using the assumptions described above, except the three-segment interest rates for December 2008 were used instead of the above interest assumption.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

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Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2009

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2009	1,946,827	7	1,946,827	327,825
Total				1,946,827	327,825

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The asset valuation method was updated pursuant to changes in the permitted asset valuation method made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). As described in IRS Notice 2009-22, expected earnings are taken into account when averaging. Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.

The amount included this year for plan-related expenses is \$114,649. WRERA includes a technical corrections provision requiring target normal cost to include the amount of plan-related expenses expected to be paid from plan assets during the year.

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
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Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Stanley Convergent Security Solutions, Inc.
EIN/PN	20-1044950/002
Plan Name	HSM Electronic Protection Services, Inc. Pension Plan
Valuation Date	January 1, 2009
Enrolled Actuary	Thomas G. Fields
Enrollment Number	08-05317

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2009

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Age	Retirement Assumption As Fraction Those Attaining Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At Beginning Of Year	Fraction Of Original Group Retiring At Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At End of Year	Ages With Non Zero Retirement Probability	(d) x (f)
55	0.0500	1.0000	0.0500	0.9500	55	2.7500
56	0.0500	0.9500	0.0475	0.9025	56	2.6600
57	0.0500	0.9025	0.0451	0.8574	57	2.5707
58	0.0500	0.8574	0.0429	0.8145	58	2.4882
59	0.0500	0.8145	0.0407	0.7738	59	2.4013
60	0.1000	0.7738	0.0774	0.6964	60	4.6440
61	0.1000	0.6964	0.0696	0.6268	61	4.2456
62	0.2500	0.6268	0.1567	0.4701	62	9.7154
63	0.2000	0.4701	0.0940	0.3761	63	5.9220
64	0.2000	0.3761	0.0752	0.3009	64	4.8128
65	0.4000	0.3009	0.1204	0.1805	65	7.8260
66	0.3000	0.1805	0.0541	0.1264	66	3.5706
67	0.3000	0.1264	0.0379	0.0885	67	2.5393
68	0.3000	0.0885	0.0265	0.0620	68	1.8020
69	0.3000	0.0620	0.0186	0.0434	69	1.2834
70	1.0000	0.0434	0.0434	0.0000	70	3.0380

Weighted Average Retirement Age, Sum of Column (g):

62.2693

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
 EIN / PN: 20-1044950 / 002
 Plan Sponsor: Stanley Convergent Security Solutions, Inc.
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► Round off amounts to nearest dollar.

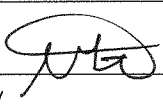
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Stanley Convergent Security Solutions, Inc.	D Employer Identification Number (EIN) 20-1044950
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 <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	10,540,726	
b Actuarial value.....	2b	11,594,799	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	8	488,254
b For terminated vested participants.....	3b	179	2,398,451
c For active participants:			
(1) Non-vested benefits.....	3c(1)		1,794,505
(2) Vested benefits.....	3c(2)		9,224,704
(3) Total active.....	3c(3)	404	11,019,209
d Total.....	3d	591	13,905,914
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.56 %	
6 Target normal cost.....	6	114,649	

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	Thomas G. Fields  Signature of actuary	<u>9/9/2010</u> Date <u>08-05317</u> Most recent enrollment number <u>(901) 252-4039</u> Telephone number (including area code)
Thomas G. Fields Type or print name of actuary		
Towers Watson Delaware Inc. Firm name 3350 Players Club Parkway Suite 200 Memphis TN 38125-8917 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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	756,000	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	756,000	0
10 Interest on item 9 using prior year's actual return of <u>(20.34)</u> %	(153,755)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.20</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	132,178	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	470,067	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	99.02 %
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
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	114,649
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,946,827	327,825
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	442,474
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	442,474	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0