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

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
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

1b Three-digit plan number (PN) ▶ 055

1c Effective date of plan 01/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BLACK & DECKER U.S. INC.

701 EAST JOPPA ROAD
TOWSON, MD 21286

2b Employer Identification Number (EIN)
52-1127357

2c Sponsor's telephone number
410-716-3900

2d Business code (see instructions)
335900

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.	10/15/2010	ANDREW BOMBICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	ANDREW BOMBICK
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BLACK & DECKER U.S. INC.

701 EAST JOPPA ROAD
TOWSON, MD 21286

3b Administrator's EIN
52-1127357

3c Administrator's telephone number
410-716-3900

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

5	Total number of participants at the beginning of the plan year	**5**	1377
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**	457
b	Retired or separated participants receiving benefits	**6b**	265
c	Other retired or separated participants entitled to future benefits	**6c**	630
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1352
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	1357
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	25
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:
1B 1G 3H

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

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
RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)
52-1127357

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
	a Market value	**2a**		10437136
	b Actuarial value	**2b**		11480849
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	241	6317689
	b For terminated vested participants	**3b**	540	2843451
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		145037
	(2) Vested benefits	**3c(2)**		4998627
	(3) Total active	**3c(3)**	591	5143664
	d Total	**3d**	1372	14304804
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**		8.04 %
6	Target normal cost	**6**		543697

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

09/28/2010
Signature of actuary — Date

AL-KARIM ALIDINA — 08-06110
Type or print name of actuary — Most recent enrollment number

HEWITT ASSOCIATES LLC — 571-226-2400
Firm name — Telephone number (including area code)

3130 FAIRVIEW PARK DRIVE SUITE 300
FALLS CHURCH, VA 22042-4529
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 [ ]

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)	0	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)	0	0
10	Interest on item 9 using prior year's actual return of -31.48 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		44
	b Interest on (a) using prior year's effective rate of 6.18 %		3
	c Total available at beginning of current plan year to add to prefunding balance		47
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.25 %
15	Adjusted funding target attainment percentage	15	80.25 %
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	88.73 %
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
04/14/2009	161488				
07/13/2009	161488				
10/13/2009	161488				
01/12/2010	161488				
03/29/2010	803000				
			Totals ► 18(b)	1448952	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1343838

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... [X] 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** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 543697

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1965666	359234
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 902931

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 902931

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1343838

38 Interest-adjusted excess contributions for current year (see instructions) **38** 440907

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

B Three-digit plan number (PN) ▶ 055

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)
52-1127357

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: BLACK & DECKER DB PLAN MASTER TRUST

b Name of sponsor of entity listed in (a): BLACK & DECKER U.S. INC.

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)
04-3222232-001	M	12466204

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)

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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

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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
RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500
BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)
52-1127357

Part I Asset and Liability Statement

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)	150704	964488
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	10191943	12466204
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	10342647	13430692
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10342647	13430692

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) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1522194	
	(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)		1522194
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)		0
	(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)		0
	(3) Rents	2b(3)		
	(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)		0

		(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)		0
(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)		2326840
(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		3849034
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	760989	
(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)		760989
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		760989
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3088045
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: ERNST & YOUNG, LLP (2) EIN: 36-6565596

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		60000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

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.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500
BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)
52-1127357

Part I Distributions

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** 0

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): 52-1127357

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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**

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.

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**

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):

---

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: 100%

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

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation

Financial Statements

Years Ended December 31, 2009 and 2008

Contents

Report of Independent Auditors....1

Financial Statements

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Report of Independent Auditors

Pension Committee
Black & Decker (U.S.) Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009, and reportable transactions for the year then ended. These financial statements and supplemental schedule 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 T. Rowe Price Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the trustee 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 and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 14, 2010

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation

Statement of Net Assets Available for Benefits

	December 31	
	2009	**2008**
Net assets available for benefits		
Participation in Master Trust *(Notes 2 and 4)*	**$ 12,466,204**	$ 10,191,943
Employer contributions receivable	**964,488**	150,704
Net assets available for benefits	**$ 13,430,692**	$ 10,342,647

See accompanying notes.

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	**2008**
Net investment income (loss) from participation in Master Trust *(Notes 2 and 4)*	**$ 2,506,249**	$ (4,769,913)
Employer contribution	**1,522,194**	602,816
Benefit payments	**(760,989)**	(728,603)
Administrative expenses	**(179,409)**	(181,574)
Net increase (decrease)	**3,088,045**	(5,077,274)
Net assets available for benefits at beginning of year	**10,342,647**	15,419,921
Net assets available for benefits at end of year	**$ 13,430,692**	$ 10,342,647

See accompanying notes.

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation (the Plan) is a defined benefit plan which covers hourly-rated production employees of the Jackson, Tennessee plant and, for periods on and after October 2, 2004, hourly-rated employees of DeVilbiss Air Power Company. The Plan provides for retirement, death, and disability benefits. Black & Decker (U.S.) Inc. (the Company), a subsidiary of The Black & Decker Corporation, is the Plan sponsor. During 2006, the Plan was amended whereby after December 31, 2006, no new employees would be eligible to participate in the plan. The Plan benefit for existing participants was not affected.

The Company has agreed to contribute amounts necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. As long as the Plan's assets are sufficient to pay benefit liabilities, the Company has the right under the Plan and applicable laws to terminate the Plan and discontinue its contributions. In the event of a termination of the Plan, the assets of the Plan remaining after paying administrative expenses are to be allocated for the payment of vested benefits in accordance with and in the order of priority required by Section 4044 of the Employee Retirement Income Security Act of 1974 (ERISA). However, the Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

The Company's funding policy is to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. The Company's contributions have met the ERISA minimum funding requirements.

Information about the Plan, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in a Summary Plan Description. Copies are available from the Company.

2. Significant Accounting Policies

Investments

The accounting records of the Plan are maintained on the accrual basis, and the Plan's investments are stated at fair value. The assets of the Plan are held by State Street Bank and Trust Company (the Trustee) under a trust agreement for The Black & Decker Defined Benefit Plan Master Trust (the Master Trust) with the assets of other defined benefit plans of The Black & Decker Corporation and certain of its subsidiaries.

2. Significant Accounting Policies

At the end of each month, the fair value of the Plan's assets is determined based upon activity in the Master Trust during that month. Items specifically identifiable with the Plan, such as contributions, benefit payments, transfers, and expenses directly attributable to the Plan, are first credited or charged to the Plan. Next, allocations are made to the Plan for administrative expenses not specifically identifiable with any plan, investment income, and realized and unrealized gains and losses on investments of the Master Trust. Such allocations are based on the relationship of the proportionate share of the Plan at the beginning of the period, after consideration of those specifically identifiable items first credited or charged to the Plan, to the total share of all plans participating in the Master Trust during such period.

Effective January 1, 2008, the Plan adopted a new accounting standard that defined fair value, established a framework for measuring fair value, and expanded disclosures about fair value measurements. That standard clarified how to measure fair value as permitted under other accounting pronouncements, but did not require any new fair value measurements. As a result, there was no material impact to the financial statements of the Plan upon adoption of that standard.

The fair value accounting standard defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. That fair value accounting standard also establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair value are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.

- Level 2 – Observable inputs other than quoted market prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

2. Significant Accounting Policies (continued)

There have been no changes in the valuation methodologies used to determine fair value at December 31, 2009 and 2008. See Note 5 for further discussion of fair value measurements.

The Plan, through its investment in the Master Trust, utilizes derivative financial instruments to manage market risk. During 2009 and 2008, the Master Trust utilized option and futures contracts for trading purposes. These derivative financial instruments are marked to market and reflected in the Statement of Net Assets Available for Benefits at fair value.

Administrative Expenses

Certain administrative services are provided by the Company without cost to the Plan; however, Trustee, actuarial and investment advisory fees, Pension Benefit Guaranty Corporation premiums, and some other direct expenses are paid by the Plan from Master Trust assets.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by employees. These include benefits expected to be paid to:

1) Retired or terminated employees or their beneficiaries,

2) Beneficiaries of employees who have died, and

3) Present employees or their beneficiaries.

Benefits payable under all circumstances—retirement, death, and disability—are included, to the extent attributable to service rendered to the valuation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results inevitably will differ from those estimates, and such differences may be material to the financial statements.

3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary from Hewitt Associates LLC and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan are:

- Mortality basis – 2000 Combined Healthy Table Projected with Scale AA to 2008 for 2009 and 2000 Combined Healthy Table for 2008
- Retirement age – Assumed average retirement age of 65
- Present value of accumulated plan benefits – Discount rate of 6.75% for 2009 and 6.50% for 2008

The foregoing 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 to determine the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is as follows:

	January 1, 2009
Vested benefits:	
Participants currently receiving payments	$ 6,966,872
Participants with deferred benefits	3,343,841
Other participants	5,847,919
Total vested benefits	16,158,632
Nonvested benefits	170,034
Total actuarial present value of accumulated plan benefits	$ 16,328,666

3. Accumulated Plan Benefits (continued)

The statement of changes in the actuarial present value of accumulated plan benefits is as follows:

	Period Ended January 1, 2009
Increase attributable to:	
Benefits paid	$ (728,603)
Interest accumulation	1,003,947
Changes in plan assumptions	(57,285)
Other changes	306,707
Net increase in accumulated plan benefits	524,766
Accumulated plan benefits, beginning of year	15,803,900
Accumulated plan benefits, end of year	$ 16,328,666

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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.

4. Summary of Master Trust Financial Data Certified by the Trustee

State Street Bank and Trust Company, Trustee of the Master Trust, is responsible for holding the Plan's investment assets under a trust agreement. All of the financial information included in the accompanying financial statements, except for benefit payments and administrative expenses, is based on information provided by the Trustee. This information has not been audited by the independent auditors. The Plan administrator has obtained a certification from the Trustee that such information is complete and accurate. Separate financial statements of the Master Trust are available from the Plan administrator.

4. Summary of Master Trust Financial Data Certified by the Trustee (continued)

The following information has been extracted from the Master Trust financial statements:

Statement of Net Assets Available for Benefits

	December 31, 2009	2008
Assets		
Cash	**$ 302,153**	$ –
Investments, at fair value:		
Short-term investments	**12,652,895**	14,209,866
Bonds	**190,049,020**	219,545,115
Common stocks (domestic)	**371,944,944**	291,651,133
Common stocks (foreign)	**114,827,569**	97,196,088
Option contracts – purchased	**–**	–
Option contracts – written	**(1,117,759)**	(45,664)
Total investments	**688,356,669**	622,556,538
Receivables:		
Employer contribution receivable	**26,109,157**	188,047
Investment income receivable	**884,500**	1,104,715
Receivable for investments sold	**8,366,465**	9,335,298
Total receivables	**35,360,122**	10,628,060
Total assets	**724,018,944**	633,184,598
Liabilities		
Payable for investments purchased	**18,679,681**	26,601,034
Administrative expenses payable	**1,116,805**	1,449,330
Total liabilities	**19,796,486**	28,050,364
Net assets available for benefits	**$ 704,222,458**	$ 605,134,234

4. Summary of Master Trust Financial Data Certified by the Trustee (continued)

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2009	2008
Employer contributions	**$ 26,815,854**	$ 752,188
Interest and dividend income	**6,622,986**	12,545,018
Net realized and unrealized appreciation (depreciation) in fair value of investments	**133,252,347**	(300,602,319)
Participant benefits	**(61,275,153)**	(61,372,209)
Administrative expenses	**(6,327,810)**	(6,236,227)
Net increase (decrease)	**99,088,224**	(354,913,549)
Net assets available for benefits at beginning of year	**605,134,234**	960,047,783
Net assets available for benefits at end of year	**$ 704,222,458**	$ 605,134,234

As discussed in Note 2, the Plan shares proportionately in the net assets of the Master Trust. At December 31, 2009 and 2008, the Plan's participation in the Master Trust represents approximately 1.91% and 1.71% of the net assets of the Master Trust, respectively.

The Plan, through its investment in the Master Trust, 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.

4. Summary of Master Trust Financial Data Certified by the Trustee (continued)

The Master Trust's investments (including those bought, sold and held during the year) appreciated (depreciated) in value as follows:

	Year Ended December 31,			
	2009		2008	
	Net Appreciation (Depreciation) in Fair Value During the Year	Fair Value at the End of the Year	Net Appreciation (Depreciation) in Fair Value During the Year	Fair Value at the End of the Year
Short-term investments	**$ (680,328)**	**$ 12,652,895**	$ 2,296,981	$ 14,209,866
Bonds	**18,674,801**	**190,049,020**	(40,403,094)	219,545,115
Common stocks (domestic)	**81,797,298**	**371,944,944**	(177,848,263)	291,651,133
Common stocks (foreign)	**33,054,648**	**114,827,569**	(85,141,298)	97,196,088
Option contracts – purchased	**493,948**	**-**	511,866	–
Option contracts – written	**(88,020)**	**(1,117,759)**	(18,511)	(45,664)
	$ 133,252,347	**$ 688,356,669**	$(300,602,319)	$ 622,556,538

5. Fair Value of Investments in Master Trust

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2009 and December 31, 2008, respectively:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Short-term investments	**$ –**	**$ 12,652,895**	**$ –**	**$ 12,652,895**
Bonds	**–**	**182,018,878**	**8,030,142**	**190,049,020**
Common stocks	**270,053,602**	**193,624,499**	**23,094,412**	**486,772,513**
Options	**–**	**(1,117,759)**	**–**	**(1,117,759)**
	$ 270,053,602	**$ 387,178,513**	**$ 31,124,554**	**$ 688,356,669**

5. Fair Value of Investments in Master Trust (continued)

	Assets at Fair Value as of December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ –	$ 14,209,866	$ –	$ 14,209,866
Bonds	18,717,891	187,982,522	12,844,702	219,545,115
Common stocks	170,140,260	194,178,977	24,527,984	388,847,221
Options	–	(45,664)	–	(45,664)
	$ 188,858,151	$ 396,325,701	$ 37,372,686	$ 622,556,538

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended December 31, 2009 and December 31, 2008, respectively:

	Year Ended December 31	
	2009	**2008**
Balance, beginning of year	**$ 37,372,686**	$ 40,330,207
Purchases, sales, issuances and settlements (net)	**(4,621,594)**	2,079,634
Net realized and unrealized depreciation	**(1,626,538)**	(5,037,155)
Balance, end of year	**$ 31,124,554**	$ 37,372,686

The Master Trust's investments include limited partnership interests, which had an aggregate fair value of $23,094,412 and $24,527,984 at December 31, 2009 and 2008, respectively. The fair value of these limited partnership interests is determined by the general partners based upon the Master Trust's pro rata ownership in the investments held by the partnerships. Investments in limited partnerships are recorded at market value using external pricing sources or, when such sources are not readily available or deemed inappropriate, at fair values determined in good faith by the general partners. External pricing sources include closing and/or average prices obtained from broker-dealers and securities exchanges. When external pricing sources are not available or deemed inappropriate, fair value is obtained from recent trading activity or by incorporating other relevant information that may not have been reflected in pricing obtained from external sources. The determination by the general partners of estimated fair values of certain illiquid investments includes, among other methods such as the use of external pricing models, obtaining valuation-related information from third-party investment firms and pricing services, and performing other research activities. Such determinations involve subjective judgment as the value of these limited partnership investments is generally ultimately determined by negotiation

5. Fair Value of Investments in Master Trust (continued)

between parties in a sales transaction. The carrying value recorded in the financial statements of the Master Trust's investments in these limited partnership interests may differ materially from the amounts ultimately realized from these limited partnership interests and from the values that would have been reported in the financial statements had a ready market for these partnership interests existed.

The Master Trust's investments include a private placement mortgage fund, which had a fair value of $8,030,142 and $12,844,702 at December 31, 2009 and 2008, respectively. The fair value of this investment is determined from a discounted cash flow model, utilizing a discount rate comprised of the average life Treasury yield, benchmarked to the underlying security, and credit spreads that are provided by intermediaries in the market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the contractual amounts and fair values of the Master Trust's derivative financial instruments as of December 31, 2009 and 2008, as well as the average fair values during the years, determined using month-end closing values:

	Contractual Amount	Fair Value	Average Fair Value
December 31, 2009			
Option contracts:			
Purchased	**$ –**	**$ –**	**$ 2,109**
Written	**(1,141,059)**	**(1,117,759)**	**(383,545)**
Futures contracts:			
Long (purchased)	**4,922,578**	**4,847,430**	**15,986,557**
Short (written)	**(4,434,107)**	**(4,271,766)**	**(11,379,693)**

5. Fair Value of Investments in Master Trust (continued)

	Contractual Amount	Fair Value	Average Fair Value
December 31, 2008			
Option contracts:			
Purchased	$ 43,779	$ –	$ 31,939
Written	(54,742)	(45,664)	(95,094)
Futures contracts:			
Long (purchased)	30,652,372	31,889,252	30,012,900
Short (written)	(21,086,581)	(21,228,406)	(34,538,234)

All of the derivative contracts are short-term and mature within one year.

The following table summarizes the realized and unrealized gain (loss) associated with the Master Trust's derivative financial instruments during the years ended December 31, 2009 and 2008. These amounts are included in net realized and unrealized (depreciation) appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

	Realized Gain (Loss)	Unrealized (Depreciation) Appreciation	Net Realized and Unrealized (Depreciation) Appreciation
December 31, 2009			
Option contracts:			
Purchased	**$ 450,169**	**$ 43,779**	**$ 493,948**
Written	**(102,242)**	**14,222**	**(88,020)**
Futures contracts:			
Long (purchased)	**(141,286)**	**(1,312,542)**	**(1,453,828)**
Short (written)	**(400,176)**	**304,167**	**(96,009)**
December 31, 2008			
Option contracts:			
Purchased	$ 634,880	$ (123,014)	$ 511,866
Written	(51,429)	32,918	(18,511)
Futures contracts:			
Long (purchased)	2,532,114	931,840	3,463,954
Short (written)	(1,846,220)	(80,372)	(1,926,592)

5. Fair Value of Investments in Master Trust (continued)

The Master Trust is exposed to credit-related losses in the event of nonperformance by counterparties to its option and futures contracts. The Master Trust, through its investment managers, monitors creditworthiness of the counterparties and presently does not expect default by any of the counterparties. The Master Trust does not obtain collateral in connection with its derivative financial instruments.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 19, 2009, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

7. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2010, the date the financial statements were available for issuance, and determined that: (i) no subsequent events have occurred that would require recognition in its financial statements for the year ended December 31, 2009; and (ii) except as disclosed in the following paragraph no other subsequent events have occurred that would require disclosure in the notes thereto.

On March 12, 2010 a wholly owned subsidiary of The Stanley Works was merged with and into The Black & Decker Corporation, with the result that The Black & Decker Corporation became a wholly owned subsidiary of The Stanley Works (the “Merger”). In connection with the Merger, The Stanley Works changed its name to Stanley Black & Decker, Inc.

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

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

Ret Plan For Hourly Rated EE'S Porter Cable Corp.

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

BLACK & DECKER U.S., INC.

D Employer Identification Number (EIN)

52-1127357

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	10,437,136
	b Actuarial value		**2b**	11,480,849
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	241	6,317,689
	b For terminated vested participants	**3b**	540	2,843,451
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		145,037
	(2) Vested benefits	**3c(2)**		4,998,627
	(3) Total active	**3c(3)**	591	5,143,664
	d Total	**3d**	1,372	14,304,804
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**	8.04 %
6	Target normal cost		**6**	543,697

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 Al-Karim Alidina AA

Signature of actuary

09/28/2010

Date

AL-KARIM ALIDINA

Type or print name of actuary

08-06110

Most recent enrollment number

HEWITT ASSOCIATES LLC

Firm name

(571)226-2400

Telephone number (including area code)

3130 FAIRVIEW PARK DRIVE SUITE 300

FALLS CHURCH VA 22042-4529

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 [ ]

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)	0	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)	0	0
10	Interest on item 9 using prior year's actual return of (31.48)%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		44
	b Interest on (a) using prior year's effective rate of 6.18 %		3
	c Total available at beginning of current plan year to add to prefunding balance		47
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.25 %
15	Adjusted funding target attainment percentage	15	80.25 %
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	88.73 %
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
04/14/2009	161,488				
07/13/2009	161,488				
10/13/2009	161,488				
01/12/2010	161,488				
03/29/2010	803,000				
			Totals ► 18(b)	1,448,952	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,343,838

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

Discount rate: Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
Applicable month (enter code)				2
Weighted average retirement age				61

Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment		

Unpaid minimum required contribution for all prior years	0
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	0
Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	0
Target normal cost, adjusted, if applicable (see instructions)	543,697

Amortization installments:	Outstanding Balance	Installment
Net shortfall amortization installment	1,965,666	359,234
Waiver amortization installment	0	0

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	
Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	902,931

	Carryover balance	Prefunding balance	Total balance
Balances used to offset funding requirement	0	0	0

Additional cash requirement (item 34 minus item 35)	902,931
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	1,343,838
Interest-adjusted excess contributions for current year (see instructions)	440,907
Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	0
Unpaid minimum required contribution for all years	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2009	$ 161,488	8.04%	$ 158,002
July 13, 2009	161,488	8.04%	155,018
October 13, 2009	161,488	8.04%	152,026
January 12, 2010	161,488	8.04%	149,123
March 29, 2010	803,000	8.04%	729,669
Total Contribution	$ 1,448,952		$ 1,343,838

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	4.50%	0.8500	2.16
57.5	4.50%	0.8118	2.10
58.5	4.50%	0.7752	2.04
59.5	4.50%	0.7403	1.98
60.5	25.00%	0.7070	10.69
61.5	35.00%	0.5303	11.41
62.5	15.00%	0.3447	3.23
63.5	50.00%	0.2930	9.30
64.5	35.00%	0.1465	3.31
65.5	50.00%	0.0952	3.12
66.5	75.00%	0.0476	2.37
67.5	50.00%	0.0119	0.40
68.5	50.00%	0.0060	0.20
69.5	50.00%	0.0030	0.10
70	100.00%	0.0015	0.10
		Weighted Average	60.84

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full yield curve with a two month lookback (October 2008 full yield curve), with sample rates as follows: Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	100% Single Life Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	If Vesting Service greater than or equal to 10 years, then age 60; else, age 65.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two periods, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The length of each period is one year. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value including receivable contributions.
Trust Expenses Included in Target Normal Cost	$ 186,159 (Prior year's administrative expenses).

Expected Return on Assets	
2007 Plan Year	6.09%.
2008 Plan Year	6.43%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	15.00%
56	4.50%
57	4.50%
58	4.50%
59	4.50%
60	25.00%
61	35.00%
62	15.00%
63	50.00%
64	35.00%
65	50.00%
66	75.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
19	40.100%	30.075%	20.050%	6.700%
20	39.800%	29.850%	19.900%	6.600%
21	38.900%	29.175%	19.450%	6.300%
22	38.000%	28.500%	19.000%	6.000%
23	37.100%	27.825%	18.550%	5.700%
24	36.500%	27.375%	18.250%	5.500%
25	35.900%	26.925%	17.950%	5.300%
26	35.600%	26.700%	17.800%	5.200%
27	35.300%	26.475%	17.650%	5.100%
28	35.000%	26.250%	17.500%	5.000%
29	35.000%	26.250%	17.500%	5.000%
30	34.700%	26.025%	17.350%	4.900%
31	34.700%	26.025%	17.350%	4.900%
32	34.400%	25.800%	17.200%	4.800%
33	34.400%	25.800%	17.200%	4.800%
34	34.100%	25.575%	17.050%	4.700%
35	33.800%	25.350%	16.900%	4.600%
36	33.500%	25.125%	16.750%	4.500%
37	33.200%	24.900%	16.600%	4.400%
38	32.900%	24.675%	16.450%	4.300%
39	32.600%	24.450%	16.300%	4.200%
40	32.000%	24.000%	16.000%	4.000%
41	31.700%	23.775%	15.850%	3.900%
42	31.700%	23.775%	15.850%	3.900%
43	31.100%	23.325%	15.550%	3.700%
44	31.100%	23.325%	15.550%	3.700%
45	30.800%	23.100%	15.400%	3.600%
46	30.200%	22.650%	15.100%	3.400%
47	29.300%	21.975%	14.650%	3.100%
48	28.700%	21.525%	14.350%	2.900%
49	27.500%	20.625%	13.750%	2.500%

Table 2—Page 2 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
50	26.600%	19.950%	13.300%	2.200%
51	25.700%	19.275%	12.850%	1.900%
52	25.100%	18.825%	12.550%	1.700%
53	24.800%	18.600%	12.400%	1.600%
54	24.500%	18.375%	12.250%	1.500%
55	24.200%	18.150%	12.100%	1.400%
56	23.900%	17.925%	11.950%	1.300%
57	23.900%	17.925%	11.950%	1.300%
58	24.200%	18.150%	12.100%	1.400%
59	24.500%	18.375%	12.250%	1.500%
60+	0.000%	0.000%	0.000%	0.000%

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.0602%	45	0.4260%
16	0.0602%	46	0.4915%
17	0.0602%	47	0.5458%
18	0.0602%	48	0.6059%
19	0.0602%	49	0.6723%
20	0.0602%	50	0.7453%
21	0.0656%	51	0.8254%
22	0.0708%	52	0.9131%
23	0.0758%	53	1.0089%
24	0.0807%	54	1.1133%
25	0.0901%	55	1.2267%
26	0.0948%	56	1.3498%
27	0.0996%	57	1.4830%
28	0.1046%	58	1.6269%
29	0.1100%	59	1.7820%
30	0.1159%	60	1.9490%
31	0.1224%	61	2.1285%
32	0.1297%	62	2.3210%
33	0.1380%	63+	0.0000%
34	0.1474%		
35	0.1583%		
36	0.1707%		
37	0.1850%		
38	0.2014%		
39	0.2415%		
40	0.2658%		
41	0.2933%		
42	0.3244%		
43	0.3595%		
44	0.3987%		

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Amended and restated effective January 1, 2007. Initially effective January 1, 1970.

Eligibility Requirements

All covered employees are eligible immediately. Participation closed to new employees hired on or after January 1, 2007.

Normal Retirement

Eligibility

Later of Age 65 and the fifth anniversary of participation.

Monthly Pension

Date of Termination	Monthly Benefit Accrual Rate
12/01/1984 to 12/31/1986	$9.00
01/01/1987 to 12/31/1988	$10.00
01/01/1988 to 01/31/1990	$11.00
02/01/1990 to 12/31/1991	$12.00
01/01/1991 to 01/31/1992	$13.00
02/01/1992 to 01/31/1994	$14.00
02/01/1994 to 01/31/1995	$15.00
02/01/1995 to 12/31/1996	$16.00
01/01/1997 to 01/31/2002	$17.00
On or after 02/01/2002	$18.00

Monthly unit from above times years of Credited Service. For the period 12/1/1984 to 12/31/1995, a 30-year cap on Credited Service applies.

Early Retirement

Eligibility

Age 55 and ten years of Vesting Service.

Monthly Pension

Accrued normal retirement pension reduced by 1/2% per month for the first 60 months and by 1/3% per month for the next 60 months that commencement precedes normal retirement date.

Vesting

Eligibility

Five years of Vesting Service, or Age 55 regardless of service.

Monthly Pension	Starting at age 65, a pension calculated as for normal retirement, based on Credited Service to date of termination. Participants with 10 years or more of Vesting Service at termination may commence benefits under the same provisions as Early Retirement.
Automatic Preretirement Surviving Spouse's Benefit	
Eligibility	Five years of Vesting Service and at least one year of marriage.
Monthly Spouse's Pension	Pension is equal to what the spouse would have received had the employee terminated at date of death, survived to earliest retirement age, and retired on his early retirement date with the 50% Joint and Survivor Annuity form of payment.
Form of Payment	
Automatic Form of Pension	Single Life Annuity for unmarried participants, 50% Joint and Survivor Annuity for married participant.
Optional Form of Pension	Single Life Annuity. 50%, 75%, 100% Joint and Survivor Annuity.
Lump Sums	A participant whose Actuarial Equivalent lump sum is $1,000 or less shall receive on automatic lump sum.
Contributions	The Company pays the entire cost of the Plan.
Definitions	
Actuarial Equivalent	
Mortality	
Lump Sums	Mortality table prescribed by IRS under IRC Section 417(e)(3). For 2009, mortality table published in IRS Notice 2008-85.
Other	UP-84 Mortality Table.
Interest	
Lump Sums	Weighted average of 30 year Treasury rate and three segment interest rate based on monthly corporate bond spot rates for August prior to the plan year. Segment rates are weighted 20% for 2008 and increase by 20% each year to 100% for 2012 and after.
Other	7%.
Credited Service	Years of Credited Service are the number of whole and fractional years included in a Period of Service.

Vesting Service	Years of Vesting Service are the number of whole and fractional years included in a Period of Service.
Plan Year	January 1 to December 31.
Period of Service	Period commencing on employment and ending on severance.

Changes in Plan Provisions Since the January 1, 2008 Valuation

The January 1, 2009 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit from $185,000 in 2007 to $195,000 in 2009.

Changes in Plan Provisions Since the January 1, 2007 Valuation

The January 1, 2008 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit from $180,000 in 2007 to $185,000 in 2008.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bond rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in retirement rates.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

Schedule SB, line 25—Change in Method

The 2009 valuation reflects the following method changes:

- A change in the interest rate assumption to the full yield curve with a two month lookback (October 2008 full yield curve).
- A change in the asset valuation method from Fair Market Value to the 2-year 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA. Assumed expenses equal the prior year's actual administrative expenses.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 26—Schedule of Active Participant Data

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	1							
25-29		8	20	10						
30-34		13	24	42	3					
35-39		16	14	23	29	1				
40-44		15	17	33	12	10				
45-49	1	5	25	19	15	7	6	3		
50-54		11	17	24	9	10	8	8	3	
55-59		9	17	17	7	3	9	13	19	
60-64		4	2	8	3	1		1	8	
65-69				1						
70+										

N-591

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$476,531	January 1, 2008	6	$94,989
Shortfall	$1,489,135	January 1, 2009	7	$264,245

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2009	$ 161,488	8.04%	$ 158,002
July 13, 2009	161,488	8.04%	155,018
October 13, 2009	161,488	8.04%	152,026
January 12, 2010	161,488	8.04%	149,123
March 29, 2010	803,000	8.04%	729,669
Total Contribution	$ 1,448,952		$ 1,343,838

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	4.50%	0.8500	2.16
57.5	4.50%	0.8118	2.10
58.5	4.50%	0.7752	2.04
59.5	4.50%	0.7403	1.98
60.5	25.00%	0.7070	10.69
61.5	35.00%	0.5303	11.41
62.5	15.00%	0.3447	3.23
63.5	50.00%	0.2930	9.30
64.5	35.00%	0.1465	3.31
65.5	50.00%	0.0952	3.12
66.5	75.00%	0.0476	2.37
67.5	50.00%	0.0119	0.40
68.5	50.00%	0.0060	0.20
69.5	50.00%	0.0030	0.10
70	100.00%	0.0015	0.10
		Weighted Average	60.84

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full yield curve with a two month lookback (October 2008 full yield curve), with sample rates as follows: Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	100% Single Life Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	If Vesting Service greater than or equal to 10 years, then age 60; else, age 65.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two periods, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The length of each period is one year. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value including receivable contributions.
Trust Expenses Included in Target Normal Cost	$ 186,159 (Prior year's administrative expenses).

Expected Return on Assets	
2007 Plan Year	6.09%.
2008 Plan Year	6.43%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	15.00%
56	4.50%
57	4.50%
58	4.50%
59	4.50%
60	25.00%
61	35.00%
62	15.00%
63	50.00%
64	35.00%
65	50.00%
66	75.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
19	40.100%	30.075%	20.050%	6.700%
20	39.800%	29.850%	19.900%	6.600%
21	38.900%	29.175%	19.450%	6.300%
22	38.000%	28.500%	19.000%	6.000%
23	37.100%	27.825%	18.550%	5.700%
24	36.500%	27.375%	18.250%	5.500%
25	35.900%	26.925%	17.950%	5.300%
26	35.600%	26.700%	17.800%	5.200%
27	35.300%	26.475%	17.650%	5.100%
28	35.000%	26.250%	17.500%	5.000%
29	35.000%	26.250%	17.500%	5.000%
30	34.700%	26.025%	17.350%	4.900%
31	34.700%	26.025%	17.350%	4.900%
32	34.400%	25.800%	17.200%	4.800%
33	34.400%	25.800%	17.200%	4.800%
34	34.100%	25.575%	17.050%	4.700%
35	33.800%	25.350%	16.900%	4.600%
36	33.500%	25.125%	16.750%	4.500%
37	33.200%	24.900%	16.600%	4.400%
38	32.900%	24.675%	16.450%	4.300%
39	32.600%	24.450%	16.300%	4.200%
40	32.000%	24.000%	16.000%	4.000%
41	31.700%	23.775%	15.850%	3.900%
42	31.700%	23.775%	15.850%	3.900%
43	31.100%	23.325%	15.550%	3.700%
44	31.100%	23.325%	15.550%	3.700%
45	30.800%	23.100%	15.400%	3.600%
46	30.200%	22.650%	15.100%	3.400%
47	29.300%	21.975%	14.650%	3.100%
48	28.700%	21.525%	14.350%	2.900%
49	27.500%	20.625%	13.750%	2.500%

Table 2—Page 2 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
50	26.600%	19.950%	13.300%	2.200%
51	25.700%	19.275%	12.850%	1.900%
52	25.100%	18.825%	12.550%	1.700%
53	24.800%	18.600%	12.400%	1.600%
54	24.500%	18.375%	12.250%	1.500%
55	24.200%	18.150%	12.100%	1.400%
56	23.900%	17.925%	11.950%	1.300%
57	23.900%	17.925%	11.950%	1.300%
58	24.200%	18.150%	12.100%	1.400%
59	24.500%	18.375%	12.250%	1.500%
60+	0.000%	0.000%	0.000%	0.000%

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.0602%	45	0.4260%
16	0.0602%	46	0.4915%
17	0.0602%	47	0.5458%
18	0.0602%	48	0.6059%
19	0.0602%	49	0.6723%
20	0.0602%	50	0.7453%
21	0.0656%	51	0.8254%
22	0.0708%	52	0.9131%
23	0.0758%	53	1.0089%
24	0.0807%	54	1.1133%
25	0.0901%	55	1.2267%
26	0.0948%	56	1.3498%
27	0.0996%	57	1.4830%
28	0.1046%	58	1.6269%
29	0.1100%	59	1.7820%
30	0.1159%	60	1.9490%
31	0.1224%	61	2.1285%
32	0.1297%	62	2.3210%
33	0.1380%	63+	0.0000%
34	0.1474%		
35	0.1583%		
36	0.1707%		
37	0.1850%		
38	0.2014%		
39	0.2415%		
40	0.2658%		
41	0.2933%		
42	0.3244%		
43	0.3595%		
44	0.3987%		

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

■ A change in retirement rates.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 25—Change in Method

The 2009 valuation reflects the following method changes:

- A change in the interest rate assumption to the full yield curve with a two month lookback (October 2008 full yield curve).
- A change in the asset valuation method from Fair Market Value to the 2-year 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA. Assumed expenses equal the prior year's actual administrative expenses.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 26—Schedule of Active Participant Data

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	1							
25-29		8	20	10						
30-34		13	24	42	3					
35-39		16	14	23	29	1				
40-44		15	17	33	12	10				
45-49	1	5	25	19	15	7	6	3		
50-54		11	17	24	9	10	8	8	3	
55-59		9	17	17	7	3	9	13	19	
60-64		4	2	8	3	1		1	8	
65-69				1						
70+										

N-591

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$476,531	January 1, 2008	6	$94,989
Shortfall	$1,489,135	January 1, 2009	7	$264,245

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Amended and restated effective January 1, 2007. Initially effective January 1, 1970.

Eligibility Requirements

All covered employees are eligible immediately. Participation closed to new employees hired on or after January 1, 2007.

Normal Retirement

Eligibility

Later of Age 65 and the fifth anniversary of participation.

Monthly Pension

Date of Termination	Monthly Benefit Accrual Rate
12/01/1984 to 12/31/1986	$9.00
01/01/1987 to 12/31/1988	$10.00
01/01/1988 to 01/31/1990	$11.00
02/01/1990 to 12/31/1991	$12.00
01/01/1991 to 01/31/1992	$13.00
02/01/1992 to 01/31/1994	$14.00
02/01/1994 to 01/31/1995	$15.00
02/01/1995 to 12/31/1996	$16.00
01/01/1997 to 01/31/2002	$17.00
On or after 02/01/2002	$18.00

Monthly unit from above times years of Credited Service. For the period 12/1/1984 to 12/31/1995, a 30-year cap on Credited Service applies.

Early Retirement

Eligibility

Age 55 and ten years of Vesting Service.

Monthly Pension

Accrued normal retirement pension reduced by 1/2% per month for the first 60 months and by 1/3% per month for the next 60 months that commencement precedes normal retirement date.

Vesting

Eligibility

Five years of Vesting Service, or Age 55 regardless of service.

Monthly Pension	Starting at age 65, a pension calculated as for normal retirement, based on Credited Service to date of termination. Participants with 10 years or more of Vesting Service at termination may commence benefits under the same provisions as Early Retirement.
Automatic Preretirement Surviving Spouse's Benefit	
Eligibility	Five years of Vesting Service and at least one year of marriage.
Monthly Spouse's Pension	Pension is equal to what the spouse would have received had the employee terminated at date of death, survived to earliest retirement age, and retired on his early retirement date with the 50% Joint and Survivor Annuity form of payment.
Form of Payment	
Automatic Form of Pension	Single Life Annuity for unmarried participants, 50% Joint and Survivor Annuity for married participant.
Optional Form of Pension	Single Life Annuity. 50%, 75%, 100% Joint and Survivor Annuity.
Lump Sums	A participant whose Actuarial Equivalent lump sum is $1,000 or less shall receive on automatic lump sum.
Contributions	The Company pays the entire cost of the Plan.
Definitions	
Actuarial Equivalent	
Mortality	
Lump Sums	Mortality table prescribed by IRS under IRC Section 417(e)(3). For 2009, mortality table published in IRS Notice 2008-85.
Other	UP-84 Mortality Table.
Interest	
Lump Sums	Weighted average of 30 year Treasury rate and three segment interest rate based on monthly corporate bond spot rates for August prior to the plan year. Segment rates are weighted 20% for 2008 and increase by 20% each year to 100% for 2012 and after.
Other	7%.

Credited Service	Years of Credited Service are the number of whole and fractional years included in a Period of Service.
Vesting Service	Years of Vesting Service are the number of whole and fractional years included in a Period of Service.
Plan Year	January 1 to December 31.
Period of Service	Period commencing on employment and ending on severance.

Changes in Plan Provisions Since the January 1, 2008 Valuation

The January 1, 2009 funding valuation reflects the following plan change:

■ An increase in the annual maximum benefit limit from $185,000 in 2007 to $195,000 in 2009.

Changes in Plan Provisions Since the January 1, 2007 Valuation

The January 1, 2008 funding valuation reflects the following plan change:

■ An increase in the annual maximum benefit limit from $180,000 in 2007 to $185,000 in 2008.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bond rates for October. As such, “2” was entered on line 21b as the applicable lookback month.

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

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
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES PORTER CABLE CORPORATION

1b Three-digit plan number (PN) ▶ 055

1c Effective date of plan 01/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BLACK & DECKER U.S. INC.

701 EAST JOPPA ROAD

TOWSON MD 21286

2b Employer Identification Number (EIN)
52-1127357

2c Sponsor's telephone number
(410)716-3900

2d Business code (see instructions)
335900

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			Andrew Bombick
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Andrew Bombick
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name		**4b** EIN **4c** PN
5 Total number of participants at the beginning of the plan year	**5**	1,377
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**	457
b Retired or separated participants receiving benefits	**6b**	265
c Other retired or separated participants entitled to future benefits	**6c**	630
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1,352
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f Total. Add lines **6d** and **6e**	**6f**	1,357
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	25
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:

1B 1G 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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		**b General Schedules**		
(1)	☒ **R** (Retirement Plan Information)	**(1)**	☒	**H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐	**I** (Financial Information – Small Plan)
		(3)	☐ ___	**A** (Insurance Information)
		(4)	☒	**C** (Service Provider Information)
(3)	☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☒	**D** (DFE/Participating Plan Information)
		(6)	☐	**G** (Financial Transaction Schedules)

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

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

Retirement Pl. for Hrly Rated Emp. Porter Cable Corp

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)

52-1127357

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	10,437,136
	b Actuarial value		**2b**	11,480,849
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	241	6,317,689
	b For terminated vested participants	**3b**	540	2,843,451
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		145,037
	(2) Vested benefits	**3c(2)**		4,998,627
	(3) Total active	**3c(3)**	591	5,143,664
	d Total	**3d**	1,372	14,304,804
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**	8.04 %
6	Target normal cost		**6**	543,697

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/28/2010

AL-KARIM ALIDINA — Type or print name of actuary

08-06110 — Most recent enrollment number

HEWITT ASSOCIATES LLC — Firm name

(571)226-2400 — Telephone number (including area code)

3130 FAIRVIEW PARK DRIVE SUITE 300

FALLS CHURCH VA 22042-4529 — 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 [ ]

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)	0	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)	0	0
10	Interest on item 9 using prior year's actual return of (31.48)%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		44
	b Interest on (a) using prior year's effective rate of 6.18 %		3
	c Total available at beginning of current plan year to add to prefunding balance		47
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.25 %
15	Adjusted funding target attainment percentage	15	80.25 %
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	88.73 %
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
04/14/2009	161,488				
07/13/2009	161,488				
10/13/2009	161,488				
01/12/2010	161,488				
03/29/2010	803,000				
			Totals ► 18(b)	1,448,952	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,343,838

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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.		[X] Yes [ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		[X] Yes [ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		[X] 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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	543,697
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1,965,666		359,234
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	902,931
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0
36 Additional cash requirement (item 34 minus item 35)		**36**	902,931
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)		**37**	1,343,838
38 Interest-adjusted excess contributions for current year (see instructions)		**38**	440,907
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

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2009	$ 161,488	8.04%	$ 158,002
July 13, 2009	161,488	8.04%	155,018
October 13, 2009	161,488	8.04%	152,026
January 12, 2010	161,488	8.04%	149,123
March 29, 2010	803,000	8.04%	729,669
Total Contribution	$ 1,448,952		$ 1,343,838

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	4.50%	0.8500	2.16
57.5	4.50%	0.8118	2.10
58.5	4.50%	0.7752	2.04
59.5	4.50%	0.7403	1.98
60.5	25.00%	0.7070	10.69
61.5	35.00%	0.5303	11.41
62.5	15.00%	0.3447	3.23
63.5	50.00%	0.2930	9.30
64.5	35.00%	0.1465	3.31
65.5	50.00%	0.0952	3.12
66.5	75.00%	0.0476	2.37
67.5	50.00%	0.0119	0.40
68.5	50.00%	0.0060	0.20
69.5	50.00%	0.0030	0.10
70	100.00%	0.0015	0.10
		Weighted Average	60.84

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full yield curve with a two month lookback (October 2008 full yield curve), with sample rates as follows: Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	100% Single Life Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	If Vesting Service greater than or equal to 10 years, then age 60; else, age 65.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two periods, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The length of each period is one year. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value including receivable contributions.
Trust Expenses Included in Target Normal Cost	$ 186,159 (Prior year's administrative expenses).

Expected Return on Assets	
2007 Plan Year	6.09%.
2008 Plan Year	6.43%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	15.00%
56	4.50%
57	4.50%
58	4.50%
59	4.50%
60	25.00%
61	35.00%
62	15.00%
63	50.00%
64	35.00%
65	50.00%
66	75.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2—Page 1 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
19	40.100%	30.075%	20.050%	6.700%
20	39.800%	29.850%	19.900%	6.600%
21	38.900%	29.175%	19.450%	6.300%
22	38.000%	28.500%	19.000%	6.000%
23	37.100%	27.825%	18.550%	5.700%
24	36.500%	27.375%	18.250%	5.500%
25	35.900%	26.925%	17.950%	5.300%
26	35.600%	26.700%	17.800%	5.200%
27	35.300%	26.475%	17.650%	5.100%
28	35.000%	26.250%	17.500%	5.000%
29	35.000%	26.250%	17.500%	5.000%
30	34.700%	26.025%	17.350%	4.900%
31	34.700%	26.025%	17.350%	4.900%
32	34.400%	25.800%	17.200%	4.800%
33	34.400%	25.800%	17.200%	4.800%
34	34.100%	25.575%	17.050%	4.700%
35	33.800%	25.350%	16.900%	4.600%
36	33.500%	25.125%	16.750%	4.500%
37	33.200%	24.900%	16.600%	4.400%
38	32.900%	24.675%	16.450%	4.300%
39	32.600%	24.450%	16.300%	4.200%
40	32.000%	24.000%	16.000%	4.000%
41	31.700%	23.775%	15.850%	3.900%
42	31.700%	23.775%	15.850%	3.900%
43	31.100%	23.325%	15.550%	3.700%
44	31.100%	23.325%	15.550%	3.700%
45	30.800%	23.100%	15.400%	3.600%
46	30.200%	22.650%	15.100%	3.400%
47	29.300%	21.975%	14.650%	3.100%
48	28.700%	21.525%	14.350%	2.900%
49	27.500%	20.625%	13.750%	2.500%

Table 2—Page 2 of 2
Termination Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
50	26.600%	19.950%	13.300%	2.200%
51	25.700%	19.275%	12.850%	1.900%
52	25.100%	18.825%	12.550%	1.700%
53	24.800%	18.600%	12.400%	1.600%
54	24.500%	18.375%	12.250%	1.500%
55	24.200%	18.150%	12.100%	1.400%
56	23.900%	17.925%	11.950%	1.300%
57	23.900%	17.925%	11.950%	1.300%
58	24.200%	18.150%	12.100%	1.400%
59	24.500%	18.375%	12.250%	1.500%
60+	0.000%	0.000%	0.000%	0.000%

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.0602%	45	0.4260%
16	0.0602%	46	0.4915%
17	0.0602%	47	0.5458%
18	0.0602%	48	0.6059%
19	0.0602%	49	0.6723%
20	0.0602%	50	0.7453%
21	0.0656%	51	0.8254%
22	0.0708%	52	0.9131%
23	0.0758%	53	1.0089%
24	0.0807%	54	1.1133%
25	0.0901%	55	1.2267%
26	0.0948%	56	1.3498%
27	0.0996%	57	1.4830%
28	0.1046%	58	1.6269%
29	0.1100%	59	1.7820%
30	0.1159%	60	1.9490%
31	0.1224%	61	2.1285%
32	0.1297%	62	2.3210%
33	0.1380%	63+	0.0000%
34	0.1474%		
35	0.1583%		
36	0.1707%		
37	0.1850%		
38	0.2014%		
39	0.2415%		
40	0.2658%		
41	0.2933%		
42	0.3244%		
43	0.3595%		
44	0.3987%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Amended and restated effective January 1, 2007. Initially effective January 1, 1970.

Eligibility Requirements

All covered employees are eligible immediately. Participation closed to new employees hired on or after January 1, 2007.

Normal Retirement

Eligibility

Later of Age 65 and the fifth anniversary of participation.

Monthly Pension

Date of Termination	Monthly Benefit Accrual Rate
12/01/1984 to 12/31/1986	$9.00
01/01/1987 to 12/31/1988	$10.00
01/01/1988 to 01/31/1990	$11.00
02/01/1990 to 12/31/1991	$12.00
01/01/1991 to 01/31/1992	$13.00
02/01/1992 to 01/31/1994	$14.00
02/01/1994 to 01/31/1995	$15.00
02/01/1995 to 12/31/1996	$16.00
01/01/1997 to 01/31/2002	$17.00
On or after 02/01/2002	$18.00

Monthly unit from above times years of Credited Service. For the period 12/1/1984 to 12/31/1995, a 30-year cap on Credited Service applies.

Early Retirement

Eligibility

Age 55 and ten years of Vesting Service.

Monthly Pension

Accrued normal retirement pension reduced by 1/2% per month for the first 60 months and by 1/3% per month for the next 60 months that commencement precedes normal retirement date.

Vesting

Eligibility

Five years of Vesting Service, or Age 55 regardless of service.

Monthly Pension	Starting at age 65, a pension calculated as for normal retirement, based on Credited Service to date of termination. Participants with 10 years or more of Vesting Service at termination may commence benefits under the same provisions as Early Retirement.
Automatic Preretirement Surviving Spouse's Benefit	
Eligibility	Five years of Vesting Service and at least one year of marriage.
Monthly Spouse's Pension	Pension is equal to what the spouse would have received had the employee terminated at date of death, survived to earliest retirement age, and retired on his early retirement date with the 50% Joint and Survivor Annuity form of payment.
Form of Payment	
Automatic Form of Pension	Single Life Annuity for unmarried participants, 50% Joint and Survivor Annuity for married participant.
Optional Form of Pension	Single Life Annuity. 50%, 75%, 100% Joint and Survivor Annuity.
Lump Sums	A participant whose Actuarial Equivalent lump sum is $1,000 or less shall receive on automatic lump sum.
Contributions	The Company pays the entire cost of the Plan.
Definitions	
Actuarial Equivalent	
Mortality	
Lump Sums	Mortality table prescribed by IRS under IRC Section 417(e)(3). For 2009, mortality table published in IRS Notice 2008-85.
Other	UP-84 Mortality Table.
Interest	
Lump Sums	Weighted average of 30 year Treasury rate and three segment interest rate based on monthly corporate bond spot rates for August prior to the plan year. Segment rates are weighted 20% for 2008 and increase by 20% each year to 100% for 2012 and after.
Other	7%.

Credited Service	Years of Credited Service are the number of whole and fractional years included in a Period of Service.
Vesting Service	Years of Vesting Service are the number of whole and fractional years included in a Period of Service.
Plan Year	January 1 to December 31.
Period of Service	Period commencing on employment and ending on severance.

Changes in Plan Provisions Since the January 1, 2008 Valuation

The January 1, 2009 funding valuation reflects the following plan change:

■ An increase in the annual maximum benefit limit from $185,000 in 2007 to $195,000 in 2009.

Changes in Plan Provisions Since the January 1, 2007 Valuation

The January 1, 2008 funding valuation reflects the following plan change:

■ An increase in the annual maximum benefit limit from $180,000 in 2007 to $185,000 in 2008.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bond rates for October. As such, “2” was entered on line 21b as the applicable lookback month.

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

■ A change in retirement rates.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 25—Change in Method

The 2009 valuation reflects the following method changes:

- A change in the interest rate assumption to the full yield curve with a two month lookback (October 2008 full yield curve).
- A change in the asset valuation method from Fair Market Value to the 2-year 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA. Assumed expenses equal the prior year's actual administrative expenses.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 26—Schedule of Active Participant Data

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	1							
25-29		8	20	10						
30-34		13	24	42	3					
35-39		16	14	23	29	1				
40-44		15	17	33	12	10				
45-49	1	5	25	19	15	7	6	3		
50-54		11	17	24	9	10	8	8	3	
55-59		9	17	17	7	3	9	13	19	
60-64		4	2	8	3	1		1	8	
65-69				1						
70+										

N-591

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan for Hourly-Rated Employees of
Porter-Cable Corporation
EIN: 52-1127357 PN: 055

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$476,531	January 1, 2008	6	$94,989
Shortfall	$1,489,135	January 1, 2009	7	$264,245

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN) ▶	
Retirement Pl. for Hrly Rated Emp. Porter Cable Corp		055
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BLACK & DECKER U.S. INC.	52-1127357	

Part I Service Provider Information (see instructions)

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

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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)

T. Rowe Price RPS, Inc.,
52-1714114

(b) Service Code(s) 15 50

(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?
None	29,071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Hewitt Associates
36-2235791

(b) Service Code(s) 11 50

(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?
None	11,550	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 ☐

(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:	**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:

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

Explanation:

SCHEDULE D
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

Retirement Pl. for Hrly Rated Emp. Porter Cable Corp

B Three-digit plan number (PN) ▶ 055

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)

52-1127357

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: Black & Decker DB Plan Master Trust

b Name of sponsor of entity listed in (a): Black & Decker U.S. Inc.

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)
04-3222232 001	M	12,466,204

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)

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

Retirement Pl. for Hrly Rated Emp. Porter Cable Corp

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500

BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)

52-1127357

Part I Asset and Liability Statement

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)	150,704	964,488
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	10,191,943	12,466,204
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	10,342,647	13,430,692
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10,342,647	13,430,692

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1,522,194	
(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)		1,522,194
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)		0
(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)		0
(3) Rents	2b(3)		
(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)		0

		(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)		0
(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)		2,326,840
(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		3,849,034
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	760,989	
(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)		760,989
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		760,989
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3,088,045
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: ERNST & YOUNG, LLP (2) EIN: 36-6565596

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		60,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

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.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
Retirement Pl. for Hrly Rated Emp. Porter Cable Corp

B Three-digit plan number (PN) ▶ 055

C Plan sponsor's name as shown on line 2a of Form 5500
BLACK & DECKER U.S. INC.

D Employer Identification Number (EIN)
52-1127357

Part I Distributions

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 | 0

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): 52-1127357 _____

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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**

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.

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**

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):

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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):