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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE POP FASTENERS DIVISION, HOPKINSVILLE PLANT

1b Three-digit plan number (PN) ▶ 029

1c Effective date of plan 09/01/1966

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 E 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)
339900

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.	10/29/2011	EMILY SANFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

701 E 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**	455
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**	89
b	Retired or separated participants receiving benefits	**6b**	173
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	406
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	41
f	Total. Add lines **6d** and **6e**	**6f**	447
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE POP FASTENERS DIVISION, HOPKINSVILLE PLANT

B Three-digit plan number (PN) ▶ 029

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 2010			
2	Assets:			
a	Market value	**2a**		11122643
b	Actuarial value	**2b**		11870081
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	216	7368679
b	For terminated vested participants	**3b**	145	1776259
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		219332
	(2) Vested benefits	**3c(2)**		2595105
	(3) Total active	**3c(3)**	93	2814437
d	Total	**3d**	454	11959375
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.57 %
6	Target normal cost	**6**		227753

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

08/30/2011
Signature of actuary — Date

AL-KARIM ALIDINA
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)	1967006	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	198935	0
9	Amount remaining (Item 7 minus item 8)	1768071	0
10	Interest on item 9 using prior year's actual return of 24.52 %	433531	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.11 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	2201602	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.84 %
15	Adjusted funding target attainment percentage	15	99.25 %
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	102.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	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	0

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:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	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**	227753

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	227753

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	227753	0	227753

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE POP FASTENERS DIVISION, HOPKINSVILLE PLANT

B Three-digit plan number (PN) ▶ 029

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	11703579

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE POP FASTENERS DIVISION, HOPKINSVILLE PLANT

B Three-digit plan number (PN) ▶ 029

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)		
(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)	11104159	11703579
(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	11104159	11703579
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11104159	11703579

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1438584
	(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		1438584
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	839164	
	(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)		839164
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)		
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		839164
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		599420
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FIONDELLA, MILONE & LASARACINA LLP (2) EIN: 06-1648707

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE POP FASTENERS DIVISION, HOPKINSVILLE PLANT

B Three-digit plan number (PN) ▶ 029

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: _____%

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

Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant

Years ended December 31, 2010 and 2009
with Report of Independent Auditors

Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant

Financial Statements

Years Ended December 31, 2010 and 2009

Contents

Report of Independent Auditors....1
Statements of Net Assets Available for Benefits....2
Statements of Changes in Net Assets Available for Benefits....3
Notes to Financial Statements....4

EXPERIENCE THAT COUNTS.

Report of Independent Auditors

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

We were engaged to audit the financial statements of the Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant (the Plan) as of December 31, 2010 and for the year then ended as listed in the table of contents. These financial statements are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009 were audited by other auditors. 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 the other auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by State Street Bank & Trust Company, the trustee of the Plan. Their report, dated October 14, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

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 information summarized in Note 4 and Note 9, which was certified by State Street Bank & Trust Company, the trustee of the Plan, except for comparing such information to the related information included in the 2010 Plan financial statements. 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 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements that we did not audit, we are unable to express, and do not express, an opinion on the accompanying 2010 financial statements taken as a whole. The form and content of the information included in the 2010 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
October 7, 2011

Pension Plan for Hourly Rate Employees of the POP Fasteners Division,
Hopkinsville Plant

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments at fair value		
Plan interest in Master Trust	**$ 11,707,122**	$ 11,122,446
Total investments at fair value	**11,707,122**	11,122,446
Liabilities		
Accrued expenses and other liabilities	**3,543**	18,287
Net assets available for benefits	**$ 11,703,579**	$ 11,104,159

See accompanying notes.

Pension Plan for Hourly Rate Employees of the POP Fasteners Division,
Hopkinsville Plant

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2010	2009
Additions:		
Interest in net appreciation and investment income of Master Trust	**$ 1,539,949**	$ 2,300,958
Deductions:		
Benefits paid directly to participants	**839,164**	868,646
Administrative expenses	**101,365**	100,591
Total deductions	**940,529**	969,237
Net increase	**599,420**	1,331,721
Net assets available for benefits, beginning of year	**11,104,159**	9,772,438
Net assets available for benefits, end of year	**$ 11,703,579**	$ 11,104,159

See accompanying notes.

Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

1. Description of the Plan

The Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant (the Plan) is a defined benefit plan which covers employees in the Fastener Division plant in Hopkinsville, Kentucky, who receive a base rate per hour, other than those employees who are covered by a collective bargaining agreement that does not provide for their participation in the Plan. Effective as of January 1, 1997, the Plan also covers certain former employees of the factory located in Beverly, Massachusetts. Effective December 31, 1999, the Plan covers former employees of the POP Fastener Division of the Shelton, Connecticut plant who received a base rate per hour. The Plan provides for retirement, death, and disability benefits. In December 2008, the Plan was amended, effective November 1, 2008, closing eligibility for enrollment or re-enrollment as an active member for all employees hired on or after November 1, 2008. The Plan benefit for existing participants was not affected. Black & Decker (U.S.) Inc. (the Company), is the Plan sponsor and Plan administrator.

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.

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. For 2010 and 2009, the minimum required contribution was $227,753 and $198,935, respectively. The Company made no contributions to the Plan during 2010 and 2009. For 2010 and 2009, the Plan utilized its actuarial determined funding standard carryover balance to meet the minimum required contribution. The Plan has 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

Basis of Accounting

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

Investments

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) (Note 9) with the assets of other defined benefit pension plans of The Black & Decker Corporation and certain of its subsidiaries.

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.

The Plan, through its investment in the Master Trust, utilizes derivative financial instruments to manage market risk. During 2010 and 2009, 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.

2. Significant Accounting Policies (continued)

Fair Value of Investments

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

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

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

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

These levels are:

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

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

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

There have been no changes in the valuation methodologies used to determine fair value at December 31, 2010 and 2009. See Note 10 for further discussion of fair value measurements.

2. Significant Accounting Policies (continued)

Benefits

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

Administrative Expenses

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

Recent Accounting Pronouncements

In January 2010, the FASB issued Accounting Standards Update (ASU) 2010-06, "Improving Disclosures about Fair Value Measurements." This update requires a number of new disclosures including disclosure of significant transfers in or out of Level 1 and Level 2 and the reasons for such transfers, an entity's policy for determining when transfers between levels are recognized, the valuation techniques and inputs used in determining the fair value of assets or liabilities classified as Level 2 or Level 3 and requires the changes in Level 3 fair value measurements to be disclosed separately rather than on a net basis. In addition, this update seeks to improve transparency by requiring fair value measurement disclosures for each class of assets and liabilities. This pronouncement is effective for reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuance, and settlements in the roll forward of activity in Level 3 fair value measurements which are effective for fiscal years beginning after December 15, 2010. The Plan adopted this pronouncement in its entirety effective January 1, 2010. The adoption of this pronouncement did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04, "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards." ASU 2011-04 was issued to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards. ASU 2011-04 changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. This pronouncement is effective for reporting periods beginning on or after December 15, 2011, with early adoption prohibited. The new guidance will require prospective application. The Plan is currently evaluating the effect, if any, that the provisions of this pronouncement will have on its financial statements.

2. Significant Accounting Policies (continued)

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.

Reclassifications

Certain reclassifications have been made to the 2009 financial statement presentation to correspond to the 2010 format.

3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary 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 2009 for 2010 and 2000 Combined Healthy Table Projected with Scale AA to 2008 for 2009
Retirement age	Assumed average retirement age of 65
Present value of accumulated plan benefits	Discount rate of 5.75% for 2010 and 6.75% for 2009

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, 2010	January 1, 2009
Vested benefits:		
Participants currently receiving payments	**$ 7,525,272**	$ 7,437,260
Participants with deferred benefits	**1,979,875**	1,650,191
Other participants	**2,812,951**	2,101,827
Total vested benefits	**12,318,098**	11,189,278
Nonvested benefits	**237,320**	179,254
	$ 12,555,418	$ 11,368,532

3. Accumulated Plan Benefits (continued)

The statement of changes in the actuarial present value of accumulated plan benefits as of January 1, 2010 is as follows:

Present value of accumulated benefits as of January 1, 2009	**$**	**11,368,532**
Changes during the year due to:		
Benefits paid		**(868,646)**
Interest accumulation		**756,309**
Changes in actuarial assumptions		**1,321,520**
Plan amendments		**263,272**
Other changes		**(285,569)**
Net increase		**1,186,886**
Present value of accumulated benefits as of January 1, 2010	**$**	**12,555,418**

The Plan was amended to increase the monthly benefit accrual rate to $25.75 for termination dates effective January 1, 2007 but prior to January 1, 2009; and $28.75 for termination dates effective on or after January 1, 2009. The effect of this amendment was not reflected in the valuation of accumulated plan benefits as of January 1, 2009.

4. Investments

The Company maintains The Black & Decker Defined Benefit Plan Master Trust Agreement for the Master Trust. Pursuant to the trust agreement, the assets of the Master Trust are held and administered by State Street Bank and Trust Company (Trustee) as of December 31, 2010 and 2009. The trustee holds cash, short-term investments, mutual funds, bonds, common stocks, and option contracts, which are stated at fair market value. In accordance with the trust agreement, the Trustee holds the Plan's assets and executes investment transactions. All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2010 and 2009, net appreciation of assets, interest income and expenses for the years then ended, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

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

4. Investments (continued)

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

	December 31,	
	2010	**2009**
Plan's interest in Master Trust	**$ 11,707,122**	$ 11,122,446

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 19, 2009, stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, is not subject to tax under the present income tax law. Since the form of the Plan is qualified, the Plan is required to operate in accordance with its terms in order to maintain its qualification. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. Amendments to the Plan have been adopted subsequent to the receipt of the determination letter, including amendments required pursuant to the Pension Protection Act of 2006 and the Heroes Assistance and Relief Tax Act of 2008. The Plan administrator, which consults regularly with legal counsel regarding Plan matters, believes that the Plan is designed in compliance with the tax qualification rules and is currently being operated in accordance with its terms.

6. Risks and Uncertainties

The Plan, through its participation 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 statements of net assets available for benefits.

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

7. Plan Termination

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

a. That portion of a participant's benefit derived from his or her own contributions.

b. Benefits that former employees or their beneficiaries have been receiving for at least three years as of the date of the Plan termination, or that employees who were eligible to retire at least three years prior to the date of the Plan termination would have been receiving if they had retired and received benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest amount that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).

d. All other vested benefits not insured by the PBGC.

e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009, the monthly ceiling was $4,500. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

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

7. Plan Termination (continued)

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

8. Related Parties

Plan assets include an investment in a fund managed by State Street Bank & Trust Company, which also serves as the Plan's Trustee and performs certain administrative services for the Plan and as such, these transactions qualify as party-in-interest transactions under ERISA. These party-in-interest transactions are deemed not to be prohibited because they are covered by statutory and administrative exemptions pursuant to the IRC and the rules under ERISA regarding prohibited transactions.

9. Investment in Master Trust

The Plan's investment consists of an interest in the Master Trust. The Master Trust was created and is maintained for certain employee pension benefit plans sponsored by the Company, including the Plan. The Plan's interest in the assets of the Master Trust was 1.3%, amounting to $11,707,122, and 1.6%, amounting to $11,122,446, for the years ended December 31, 2010 and 2009, respectively.

9. Investment in Master Trust (continued)

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

	December 31, 2010	December 31, 2009
Master trust assets		
Cash	**$ 54,232**	$ 302,153
Investments, at fair value:		
Short-term investments	**15,563,327**	12,652,895
Bonds	**376,024,192**	190,049,020
Common stocks (domestic)	**413,673,717**	371,944,944
Common stocks (foreign)	**123,995,927**	114,827,569
Option contracts - purchased	**15,110**	-
Option contracts - written	**(114,383)**	(1,117,759)
Total investments at fair value	**929,157,890**	688,356,669
Receivables:		
Investment income receivable	**864,294**	884,500
Receivable for investments sold	**6,198,824**	8,366,465
Total receivables	**7,063,118**	9,250,965
Total assets	**936,275,240**	697,909,787
Master trust liabilities		
Payable for investments purchased	**21,413,731**	18,679,681
Total master trust net assets	**$ 914,861,509**	$ 679,230,106

9. Investment in Master Trust (continued)

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

	December 31, 2010	December 31, 2009
Additions:		
Investment income:		
Net appreciation of plan assets	**$ 94,018,924**	$ 133,252,347
Interest and dividend income	**5,651,264**	6,622,986
Total investment gain	**99,670,188**	139,875,333
Employer contributions	**205,758,884**	894,743
Total additions	**305,429,072**	140,770,076
Deductions:		
Benefits paid directly to participants	**63,330,405**	61,275,153
Administrative expenses	**6,467,264**	6,660,335
Total deductions	**69,797,669**	67,935,488
Net increase	**235,631,403**	72,834,588
Assets at beginning of year	**679,230,106**	606,395,518
Assets at end of year	**$ 914,861,509**	$ 679,230,106

9. Investment in Master Trust (continued)

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

	December 31,			
	2010		2009	
	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	**$ 739,047**	**$ 15,563,327**	$ (680,328)	$ 12,652,895
Bonds	**19,419,652**	**376,024,192**	18,674,801	190,049,020
Common stocks (domestic)	**58,781,002**	**413,673,717**	81,797,298	371,944,944
Common stocks (foreign)	**15,070,197**	**123,995,927**	33,054,648	114,827,569
Option contracts - purchased	**70,867**	**15,110**	493,948	-
Option contracts - written	**(61,841)**	**(114,383)**	(88,020)	(1,117,759)
	$ 94,018,924	**$929,157,890**	$ 133,252,347	$ 688,356,669

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

	December 31,	
	2010	2009
Barclays Global Investors - Barclays Long Term Credit Bond Index	**$ 92,494,335**	$ *
Blackrock - Long Term Government Bond Index Fund	**90,857,195**	*
SSGA S&P 500 Flagship	**83,108,846**	72,180,322
Brinson Partners – Brinson US Large Cap Value Equity Fund	**74,071,753**	51,517,295
PIMCO – Stocks Plus, LLC	**63,904,314**	53,989,920
Barclays Global Investors - Barclays Intermediate Government Bond Index	**49,499,067**	*
Acadian Asset Management – Acadian International All Country World	**48,344,755**	41,217,843
Capital Guardian Trust Company – Capital Guardian International	*	46,899,441

* Investment did not exceed 5% of plan assets.

10. 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, 2010 and 2009, respectively:

	Assets at fair value as of December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	**$ -**	**$ 15,563,327**	**$ -**	**$ 15,563,327**
Bonds	**-**	**367,616,467**	**8,407,725**	**376,024,192**
Common stocks *	**-**	**511,198,298**	**26,471,346**	**537,669,644**
Options	**-**	**(99,273)**	**-**	**(99,273)**
	$ -	**$ 894,278,819**	**$ 34,879,071**	**$ 929,157,890**

	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

*Certain common stock investments were transferred from Level 1 to Level 2 due to lack of readily available market data.

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, 2010 and 2009, respectively:

	Year Ended December 31,	
	2010	**2009**
Balance, beginning of year	**$ 31,124,554**	$ 37,372,686
Purchases, sales, issuances and settlements (net)	**1,478,636**	(4,621,594)
Net realized and unrealized appreciation (depreciation)	**2,275,881**	(1,626,538)
Balance, end of year	**$ 34,879,071**	$ 31,124,554

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

The Master Trust's investments include limited partnership interests, which had an aggregate fair value of $26,471,346 and $23,094,412 at December 31, 2010 and 2009, 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 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 $8,407,725 and $8,030,142 at December 31, 2010 and 2009, 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.

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

The following table summarizes the contractual amounts and fair values of the Master Trust's derivative financial instruments as of December 31, 2010 and 2009, 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, 2010			
Option contracts:			
Purchased	**$ 43,401**	**$ 15,110**	**$ 37,847**
Written	**(154,275)**	**(114,383)**	**(467,271)**
Futures contracts:			
Long (purchased)	**-**	**-**	**2,764,824**
Short (written)	**(2,240,297)**	**(2,167,875)**	**(3,019,467)**
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)

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

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

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, 2010 and 2009. These amounts are included in net realized and unrealized appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

	Realized Gain (Loss)	Unrealized Appreciation (Depreciation)	Net Realized and Unrealized Appreciation (Depreciation)
December 31, 2010			
Option contracts:			
Purchased	**$ 99,158**	**$ (28,291)**	**$ 70,867**
Written	**(78,433)**	**16,592**	**(61,841)**
Futures contracts:			
Long (purchased)	**(88,838)**	**86,911**	**(1,927)**
Short (written)	**171,382**	**(101,665)**	**69,717**
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)

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.

11. Subsequent Events

The Plan has evaluated events occurring between December 31, 2010 and October 7, 2011, the date the financial statements were available to be issued. There were no subsequent events identified.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Amended and restated effective January 1, 2007. Most recently amended effective November 1, 2008. Initially effective September 1, 1966.

Eligibility Requirements

Covered employees are eligible after one year of Eligibility Service Credit or immediately if their regular rate of employment is at least 1,000 hours per year. Participation closed to new employees hired on or after November 1, 2008.

Normal Retirement

Eligibility

Age 65.

Monthly Pension

Date of Termination	Monthly Benefit Accrual Rate
03/01/1977 to 02/16/1979	$ 3.50
02/17/1979 to 02/16/1980	$ 4.00
02/17/1980 to 02/16/1981	$ 4.50
02/17/1981 to 02/28/1983	$ 5.00
03/01/1983 to 02/29/1984	$ 6.00
03/01/1984 to 02/17/1985	$ 6.50
02/18/1985 to 02/16/1986	$ 8.00
02/17/1986 to 02/15/1987	$ 9.00
02/16/1987 to 02/29/1988	$10.00
03/01/1988 to 02/28/1989	$10.50
03/01/1989 to 02/28/1990	$11.00
03/01/1990 to 02/15/1991	$12.00
02/16/1991 to 02/15/1992	$13.00
02/16/1992 to 02/15/1993	$14.00
02/16/1993 to 02/15/1994	$14.50
02/16/1994 to 12/31/1996	$15.50
01/01/1997 to 12/31/1997	$15.75
01/01/1998 to 12/31/1998	$16.25
01/01/1999 to 12/31/1999	$16.75
01/01/2000 to 12/31/2000	$17.75
01/01/2001 to 12/31/2001	$18.75
01/01/2002 to 12/31/2002	$19.75
01/01/2003 to 12/31/2003	$20.75
01/01/2004 to 12/31/2004	$21.75
01/01/2005 to 12/31/2005	$22.75
01/01/2006 to 12/31/2006	$24.75
01/01/2007 to 12/31/2008	$25.75
01/01/2009 and after	$28.75

	Monthly unit from above times years of Benefit Service Credit (up to a maximum of 30 years).
Early Retirement	
Eligibility	Age 60 and ten years of Vesting Service Credit.
Monthly Pension	Accrued normal retirement pension reduced by 1/2 of 1 percent for each month the commencement by which early retirement date precedes normal retirement date. No reduction if age equals 62 or higher and age plus years of Vesting Service Credit equals or exceeds 90.
Disability Retirement	
Eligibility	Age 50 and ten years of Vesting Service Credit.
Monthly Pension	$100 payable until the earlier of 65th birthday or date no longer disabled. Accrued normal retirement pension payable at age 65.
Vesting	
Eligibility	Earlier of Age 65 and five years of Vesting Service Credit.
Monthly Pension	Starting at age 65, a pension calculated as for normal retirement, based on Benefit Service Credit to date of termination. A former employee, who had completed ten years of Vesting Service, may commence receiving a pension between ages 60 and 65 reduced by the same factors applicable to early retirement.
Automatic Preretirement Surviving Spouse's Benefit	
Eligibility	Five years of Vesting Service Credit but less than age 65. Employee can reject coverage but requires spouse's consent.
Monthly Spouse's Benefit	For a participant who dies after attaining age 60, the pension is calculated as if the participant had retired on first of the month in which he died with the automatic form of pension in effect. For a participant who dies prior to attaining age 60, the pension commences when the deceased employee would have attained age 60 and is calculated as if the participant had terminated employment on his date of death and received a

	reduced deferred vested benefit at his age with the automatic form of pension in effect.
Postretirement Surviving Spouse's Benefit	
Eligibility	Age 65.
Monthly Spouse's Pension	Pension is equal to what the spouse would have received had the employee retired on his normal retirement date or death date, if later, with the Spouse's Joint and 50% Survivor Annuity form of payment.
Form of Pension	
Automatic Form	Single Life Annuity for unmarried participants, Spouse's Joint and 50% Survivor Annuity for married participants.
Optional Forms	Single Life Annuity, Spouse's Joint and 50% Survivor Annuity and Spouse's Joint and 75% Last Survivor Annuity.
Lump Sum	A participant whose present value of benefits is $1,000 or less will receive an automatic cash out.
Contributions	The Company pays the entire cost of the Plan.
Definitions	
Actuarial Equivalent	
Lump Sums	
Mortality	Mortality table prescribed by IRS under IRC Section 417(e)(3). For 2010, mortality table published in IRS Notice 2008-85.
Interest	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	As specified in Schedule I of the plan.
Benefit Service Credit	Equal to Eligibility Service Credit.
Eligibility Service Credit	One month's service credit is credited for each full calendar month of active employment, plus one day's service credit for each day of active employment. Service credit for separate, nonconsecutive periods are to be added together.

Vesting Service Credit	Equal to Eligibility Service Credit.
Plan Year	Calendar Year.

Changes in Plan Provisions Since the January 1, 2009 Valuation

The funding and plan reporting valuations do not reflect any plan changes.

Changes in Plan Provisions Since the January 1, 2008 Valuation

The January 1, 2009 valuation reflects the following plan changes:

- Participation closed to new employees hired on or after November 1, 2008.
- An increase in the monthly pension benefit from $25.75 to $28.75 per year of service for terminations on and after January 1, 2009.
- An increase in the annual maximum benefit limit from $185,000 in 2008 to $195,000 in 2009.

Changes in Plan Provisions Since the January 1, 2007 Valuation

The January 1, 2008 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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

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										
25-29		1								
30-34			1	2						
35-39		1		11	7					
40-44		2		10	5	3				
45-49		1		7	1	2	2	1		
50-54				4	1	3		9		
55-59		1		1	4	1		3	3	
60-64				1	1		1		1	1
65-69									1	
70+										

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Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

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

Interest Rates	Based on segment rates with no lookback (as of January 2010).
1st Segment Rate	4.60%.
2nd Segment Rate	6.65%.
3rd Segment Rate	6.76%.
Optional Payment Form Election Percentage	100% Single Life Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	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 50% 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 years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. 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. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section

	430(h)(2)(C)(iii).
Expected Return on Assets	
2008 Plan Year	6.43%.
2009 Plan Year	6.69%.
Trust Expenses Included in Target Normal Cost	$105,719 (Prior year's administrative expenses).
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 1

Retirement Rates

	Years of Service				
Age	**0-24**	**25**	**26**	**27**	**28+**
60	6.00%	6.00%	6.00%	6.00%	6.00%
61	8.00%	8.00%	8.00%	8.00%	8.00%
62	15.00%	15.00%	10.00%	10.00%	50.00%
63	10.00%	10.00%	6.00%	50.00%	30.00%
64	10.00%	10.00%	50.00%	30.00%	30.00%
65	60.00%	85.00%	85.00%	85.00%	85.00%
66	15.00%	25.00%	25.00%	25.00%	25.00%
67	20.00%	30.00%	30.00%	30.00%	30.00%
68	25.00%	35.00%	35.00%	35.00%	35.00%
69	30.00%	40.00%	40.00%	40.00%	40.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 2—Page 1 of 2

Withdrawal 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%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
49	27.500%	20.625%	13.750%	2.500%
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
19	0.07%	49	0.38%
20	0.07%	50	0.42%
21	0.07%	51	0.47%
22	0.07%	52	0.53%
23	0.08%	53	0.60%
24	0.08%	54	0.67%
25	0.08%	55	0.76%
26	0.08%	56	0.88%
27	0.09%	57	0.99%
28	0.09%	58	1.12%
29	0.09%	59	1.29%
30	0.10%	60	1.50%
31	0.10%	61	1.75%
32	0.11%	62	2.05%
33	0.12%	63	2.40%
34	0.12%	64	2.80%
35	0.13%	65+	0.00%
36	0.13%		
37	0.14%		
38	0.15%		
39	0.16%		
40	0.17%		
41	0.18%		
42	0.20%		
43	0.21%		
44	0.23%		
45	0.25%		
46	0.28%		
47	0.31%		
48	0.34%		

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with no lookback (4.60%, 6.65%, and 6.76% as of January 2010).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

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.

	Service Range 0 - 24			Service 25		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62	8.00%	0.9400	4.62
62.5	15.00%	0.8648	8.11	15.00%	0.8648	8.11
63.5	10.00%	0.7351	4.67	10.00%	0.7351	4.67
64.5	10.00%	0.6616	4.27	10.00%	0.6616	4.27
65.5	60.00%	0.5954	23.40	85.00%	0.5954	33.15
66.5	15.00%	0.2382	2.38	25.00%	0.0893	1.48
67.5	20.00%	0.2024	2.73	30.00%	0.0670	1.36
68.5	25.00%	0.1620	2.77	35.00%	0.0469	1.12
69.5	30.00%	0.1215	2.53	40.00%	0.0305	0.85
70	100.00%	0.0850	5.95	100.00%	0.0183	1.28
	Weighted Average		65.06	Weighted Average		64.54
	Percent Retiring		12.90%			0.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

	Service 26		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62
62.5	10.00%	0.8648	5.41
63.5	6.00%	0.7783	2.97
64.5	50.00%	0.7316	23.59
65.5	85.00%	0.3658	20.37
66.5	25.00%	0.0549	0.91
67.5	30.00%	0.0412	0.83
68.5	35.00%	0.0288	0.69
69.5	40.00%	0.0187	0.52
70	100.00%	0.0112	0.79
	Weighted Average		64.33
			3.23%

	Service 27	
(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
6.00%	1.0000	3.63
8.00%	0.9400	4.62
10.00%	0.8648	5.41
50.00%	0.7783	24.71
30.00%	0.3892	7.53
85.00%	0.2724	15.17
25.00%	0.0409	0.68
30.00%	0.0306	0.62
35.00%	0.0215	0.51
40.00%	0.0139	0.39
100.00%	0.0084	0.59
Weighted Average		63.86
		2.15%

	Service 28+		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62
62.5	50.00%	0.8648	27.03
63.5	30.00%	0.4324	8.24
64.5	30.00%	0.3027	5.86
65.5	85.00%	0.2119	11.80
66.5	25.00%	0.0318	0.53
67.5	30.00%	0.0238	0.48
68.5	35.00%	0.0167	0.40
69.5	40.00%	0.0108	0.30
70	100.00%	0.0065	0.46
	Weighted Average		63.35
			81.72%

Expected Retirement Age **63.61**

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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

Pen Pl for Hrly EE's of the POP Fstners Div Hop Plt

B Three-digit plan number (PN) ▶ 029

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 2010

2 Assets:

a	Market value	**2a**	11,122,643
b	Actuarial value	**2b**	11,870,081

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	216	7,368,679
b	For terminated vested participants	**3b**	145	1,776,259
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		219,332
	(2) Vested benefits	**3c(2)**		2,595,105
	(3) Total active	**3c(3)**	93	2,814,437
d	Total	**3d**	454	11,959,375

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.57 %
6	Target normal cost	**6**	227,753

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 MAA

Signature of actuary

08/30/2011

Date

Al-Karim Alidina

Type or print name of actuary

11-06110

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)	1,967,006	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	198,935	0
9	Amount remaining (Item 7 minus item 8)	1,768,071	0
10	Interest on item 9 using prior year's actual return of 24.52%	433,531	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.11%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2,201,602	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.84 %
15	Adjusted funding target attainment percentage	15	99.25 %
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	102.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	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	0

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:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 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**: 227,753

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 227,753

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	227,753	0	227,753

36 Additional cash requirement (item 34 minus item 35) — **36**: 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 0

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

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.

	Service Range 0 - 24			Service 25		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62	8.00%	0.9400	4.62
62.5	15.00%	0.8648	8.11	15.00%	0.8648	8.11
63.5	10.00%	0.7351	4.67	10.00%	0.7351	4.67
64.5	10.00%	0.6616	4.27	10.00%	0.6616	4.27
65.5	60.00%	0.5954	23.40	85.00%	0.5954	33.15
66.5	15.00%	0.2382	2.38	25.00%	0.0893	1.48
67.5	20.00%	0.2024	2.73	30.00%	0.0670	1.36
68.5	25.00%	0.1620	2.77	35.00%	0.0469	1.12
69.5	30.00%	0.1215	2.53	40.00%	0.0305	0.85
70	100.00%	0.0850	5.95	100.00%	0.0183	1.28
	Weighted Average		65.06	Weighted Average		64.54
	Percent Retiring		12.90%			0.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

	Service 26		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62
62.5	10.00%	0.8648	5.41
63.5	6.00%	0.7783	2.97
64.5	50.00%	0.7316	23.59
65.5	85.00%	0.3658	20.37
66.5	25.00%	0.0549	0.91
67.5	30.00%	0.0412	0.83
68.5	35.00%	0.0288	0.69
69.5	40.00%	0.0187	0.52
70	100.00%	0.0112	0.79
	Weighted Average		64.33
			3.23%

	Service 27	
(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
6.00%	1.0000	3.63
8.00%	0.9400	4.62
10.00%	0.8648	5.41
50.00%	0.7783	24.71
30.00%	0.3892	7.53
85.00%	0.2724	15.17
25.00%	0.0409	0.68
30.00%	0.0306	0.62
35.00%	0.0215	0.51
40.00%	0.0139	0.39
100.00%	0.0084	0.59
Weighted Average		63.86
		2.15%

	Service 28+		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	8.00%	0.9400	4.62
62.5	50.00%	0.8648	27.03
63.5	30.00%	0.4324	8.24
64.5	30.00%	0.3027	5.86
65.5	85.00%	0.2119	11.80
66.5	25.00%	0.0318	0.53
67.5	30.00%	0.0238	0.48
68.5	35.00%	0.0167	0.40
69.5	40.00%	0.0108	0.30
70	100.00%	0.0065	0.46
	Weighted Average		63.35
			81.72%
Expected Retirement Age			**63.61**

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

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

Interest Rates	Based on segment rates with no lookback (as of January 2010).
1st Segment Rate	4.60%.
2nd Segment Rate	6.65%.
3rd Segment Rate	6.76%.
Optional Payment Form Election Percentage	100% Single Life Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	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 50% 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 years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. 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. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Expected Return on Assets	
2008 Plan Year	6.43%.
2009 Plan Year	6.69%.
Trust Expenses Included in Target Normal Cost	$105,719 (Prior year's administrative expenses).
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 1

Retirement Rates

	Years of Service				
Age	**0-24**	**25**	**26**	**27**	**28+**
60	6.00%	6.00%	6.00%	6.00%	6.00%
61	8.00%	8.00%	8.00%	8.00%	8.00%
62	15.00%	15.00%	10.00%	10.00%	50.00%
63	10.00%	10.00%	6.00%	50.00%	30.00%
64	10.00%	10.00%	50.00%	30.00%	30.00%
65	60.00%	85.00%	85.00%	85.00%	85.00%
66	15.00%	25.00%	25.00%	25.00%	25.00%
67	20.00%	30.00%	30.00%	30.00%	30.00%
68	25.00%	35.00%	35.00%	35.00%	35.00%
69	30.00%	40.00%	40.00%	40.00%	40.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 2—Page 1 of 2

Withdrawal 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%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
49	27.500%	20.625%	13.750%	2.500%
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%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Table 3

Disability Rates

Age	Rate	Age	Rate
19	0.07%	49	0.38%
20	0.07%	50	0.42%
21	0.07%	51	0.47%
22	0.07%	52	0.53%
23	0.08%	53	0.60%
24	0.08%	54	0.67%
25	0.08%	55	0.76%
26	0.08%	56	0.88%
27	0.09%	57	0.99%
28	0.09%	58	1.12%
29	0.09%	59	1.29%
30	0.10%	60	1.50%
31	0.10%	61	1.75%
32	0.11%	62	2.05%
33	0.12%	63	2.40%
34	0.12%	64	2.80%
35	0.13%	65+	0.00%
36	0.13%		
37	0.14%		
38	0.15%		
39	0.16%		
40	0.17%		
41	0.18%		
42	0.20%		
43	0.21%		
44	0.23%		
45	0.25%		
46	0.28%		
47	0.31%		
48	0.34%		

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

Amended and restated effective January 1, 2007. Most recently amended effective November 1, 2008. Initially effective September 1, 1966.

Eligibility Requirements

Covered employees are eligible after one year of Eligibility Service Credit or immediately if their regular rate of employment is at least 1,000 hours per year. Participation closed to new employees hired on or after November 1, 2008.

Normal Retirement

Eligibility

Age 65.

Monthly Pension

Date of Termination	Monthly Benefit Accrual Rate
03/01/1977 to 02/16/1979	$ 3.50
02/17/1979 to 02/16/1980	$ 4.00
02/17/1980 to 02/16/1981	$ 4.50
02/17/1981 to 02/28/1983	$ 5.00
03/01/1983 to 02/29/1984	$ 6.00
03/01/1984 to 02/17/1985	$ 6.50
02/18/1985 to 02/16/1986	$ 8.00
02/17/1986 to 02/15/1987	$ 9.00
02/16/1987 to 02/29/1988	$10.00
03/01/1988 to 02/28/1989	$10.50
03/01/1989 to 02/28/1990	$11.00
03/01/1990 to 02/15/1991	$12.00
02/16/1991 to 02/15/1992	$13.00
02/16/1992 to 02/15/1993	$14.00
02/16/1993 to 02/15/1994	$14.50
02/16/1994 to 12/31/1996	$15.50
01/01/1997 to 12/31/1997	$15.75
01/01/1998 to 12/31/1998	$16.25
01/01/1999 to 12/31/1999	$16.75
01/01/2000 to 12/31/2000	$17.75
01/01/2001 to 12/31/2001	$18.75
01/01/2002 to 12/31/2002	$19.75
01/01/2003 to 12/31/2003	$20.75
01/01/2004 to 12/31/2004	$21.75
01/01/2005 to 12/31/2005	$22.75
01/01/2006 to 12/31/2006	$24.75
01/01/2007 to 12/31/2008	$25.75
01/01/2009 and after	$28.75

	Monthly unit from above times years of Benefit Service Credit (up to a maximum of 30 years).
Early Retirement	
Eligibility	Age 60 and ten years of Vesting Service Credit.
Monthly Pension	Accrued normal retirement pension reduced by 1/2 of 1 percent for each month the commencement by which early retirement date precedes normal retirement date. No reduction if age equals 62 or higher and age plus years of Vesting Service Credit equals or exceeds 90.
Disability Retirement	
Eligibility	Age 50 and ten years of Vesting Service Credit.
Monthly Pension	$100 payable until the earlier of 65th birthday or date no longer disabled. Accrued normal retirement pension payable at age 65.
Vesting	
Eligibility	Earlier of Age 65 and five years of Vesting Service Credit.
Monthly Pension	Starting at age 65, a pension calculated as for normal retirement, based on Benefit Service Credit to date of termination. A former employee, who had completed ten years of Vesting Service, may commence receiving a pension between ages 60 and 65 reduced by the same factors applicable to early retirement.
Automatic Preretirement Surviving Spouse's Benefit	
Eligibility	Five years of Vesting Service Credit but less than age 65. Employee can reject coverage but requires spouse's consent.
Monthly Spouse's Benefit	For a participant who dies after attaining age 60, the pension is calculated as if the participant had retired on first of the month in which he died with the automatic form of pension in effect. For a participant who dies prior to attaining age 60, the pension commences when the deceased employee would have attained age 60 and is calculated as if the participant had terminated employment on his date of death and received a reduced deferred vested benefit at his age with the automatic form of pension in effect.

Postretirement Surviving Spouse's Benefit	
Eligibility	Age 65.
Monthly Spouse's Pension	Pension is equal to what the spouse would have received had the employee retired on his normal retirement date or death date, if later, with the Spouse's Joint and 50% Survivor Annuity form of payment.
Form of Pension	
Automatic Form	Single Life Annuity for unmarried participants, Spouse's Joint and 50% Survivor Annuity for married participants.
Optional Forms	Single Life Annuity, Spouse's Joint and 50% Survivor Annuity and Spouse's Joint and 75% Last Survivor Annuity.
Lump Sum	A participant whose present value of benefits is $1,000 or less will receive an automatic cash out.
Contributions	The Company pays the entire cost of the Plan.
Definitions	
Actuarial Equivalent	
Lump Sums	
Mortality	Mortality table prescribed by IRS under IRC Section 417(e)(3). For 2010, mortality table published in IRS Notice 2008-85.
Interest	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	As specified in Schedule I of the plan.
Benefit Service Credit	Equal to Eligibility Service Credit.
Eligibility Service Credit	One month's service credit is credited for each full calendar month of active employment, plus one day's service credit for each day of active employment. Service credit for separate, nonconsecutive periods are to be added together.
Vesting Service Credit	Equal to Eligibility Service Credit.
Plan Year	Calendar Year.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Changes in Plan Provisions Since the January 1, 2009 Valuation

The funding and plan reporting valuations do not reflect any plan changes.

Changes in Plan Provisions Since the January 1, 2008 Valuation

The January 1, 2009 valuation reflects the following plan changes:

- Participation closed to new employees hired on or after November 1, 2008.
- An increase in the monthly pension benefit from $25.75 to $28.75 per year of service for terminations on and after January 1, 2009.
- An increase in the annual maximum benefit limit from $185,000 in 2008 to $195,000 in 2009.

Changes in Plan Provisions Since the January 1, 2007 Valuation

The January 1, 2008 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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with no lookback (4.60%, 6.65%, and 6.76% as of January 2010).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant
EIN: 52-1127357 PN: 029

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

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										
25-29		1								
30-34			1	2						
35-39		1		11	7					
40-44		2		10	5	3				
45-49		1		7	1	2	2	1		
50-54				4	1	3		9		
55-59		1		1	4	1		3	3	
60-64				1	1		1		1	1
65-69									1	
70+										

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