

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>12/28/1961</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SARGENT & GREENLEAF, INC.</u> <u>ONE SECURITY DRIVE</u> <u>NICHOLASVILLE, KY 40356</u>	2b Employer Identification Number (EIN) <u>61-0982551</u> 2c Sponsor's telephone number <u>859-885-9411</u> 2d Business code (see instructions) <u>332900</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>EMILY SANFORD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SARGENT & GREENLEAF, INC. ONE SECURITY DRIVE NICHOLASVILLE, KY 40356	3b Administrator's EIN 61-0982551 3c Administrator's telephone number 859-885-9411
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	415
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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	94
b Retired or separated participants receiving benefits.....	6b	125
c Other retired or separated participants entitled to future benefits.....	6c	188
d Subtotal. Add lines 6a , 6b , and 6c	6d	407
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	6
f Total. Add lines 6d and 6e	6f	413
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SARGENT & GREENLEAF, INC.</u>	D Employer Identification Number (EIN) <u>61-0982551</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>15552885</u>
b Actuarial value	2b <u>14288488</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>123</u> <u>9181651</u>
b For terminated vested participants	3b <u>196</u> <u>4270717</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>13782</u>
(2) Vested benefits	3c(2) <u>3125200</u>
(3) Total active	3c(3) <u>96</u> <u>3138982</u>
d Total	3d <u>415</u> <u>16591350</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.21 %</u>
6 Target normal cost	6 <u>112675</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2012</u>
Signature of actuary	Date
<u>NICOLE J. DEVOE</u>	<u>11-06880</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>617-638-3700</u>
Firm name	Telephone number (including area code)
<u>800 BOYLSTON STREET, SUITE 600</u> <u>BOSTON, MA 02199-8103</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)	29510	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	29510	0
10	Interest on line 9 using prior year's actual return of <u>12.78</u> %	3771	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		81771
b	Interest on (a) using prior year's effective rate of <u>6.54</u> % except as otherwise provided (see instructions)		5348
c	Total available at beginning of current plan year to add to prefunding balance		87119
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	33281	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	85.91 %
15	Adjusted funding target attainment percentage	15	85.91 %
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	92.80 %
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	
04/12/2011	65000		
07/11/2011	65000		
10/11/2011	65000		
01/10/2012	65000		
09/14/2012	320000		
Totals ►		18(b)	580000
		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 538807
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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 contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	112675	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	2336143	425515	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	538190	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	538190	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	538807	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	617	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SARGENT & GREENLEAF, INC.</u>	D Employer Identification Number (EIN) <u>61-0982551</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

REID & RIEGE

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	26397	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

52-2211537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	18460	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

FIONDELLA, MILONE & LASARACINA, LLP

06-1648707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10112	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: LAURANNE WYATT	b EIN: 53-0181291
c Position: ENROLLED ACTUARY	
d Address: 3350 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125-8917	e Telephone: 901-252-4035

Explanation: REASSIGNMENT OF WORK WITHIN TOWERS WATSON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2011</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<p>A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SARGENT & GREENLEAF, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>61-0982551</u></p>

Part I	<p>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)</p>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STANLEY WORKS PENSION PLN MSTR TRST

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

c EIN-PN <u>06-0548860-028</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16098787</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SARGENT & GREENLEAF, INC.	D Employer Identification Number (EIN) 61-0982551	

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)	0	385000
(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)	15552885	16098787
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15552885	16483787

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11221	3215
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11221	3215

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15541664	16480572
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	580000	
(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)		580000
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)		1460815
(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		2040815

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1026630	
(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)		1026630
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)	48104	
(2) Contract administrator fees	2i(2)	3423	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23750	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75277
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1101907

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		938908
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FIONDELLA, MILONE & LASARACINA LLP

(2) EIN: 06-1648707

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF SARGENT & GREENLEAF, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SARGENT & GREENLEAF, INC.</u>	D Employer Identification Number (EIN) <u>61-0982551</u>

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

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

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 (include any prior year accumulated funding deficiency not waived)	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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements

***Pension Plan for Employees of
Sargent & Greenleaf, Inc.***

*Years ended December 31, 2011 and 2010
with Report of Independent Auditors*

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Financial Statements

Years ended December 31, 2011 and 2010

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 Employees of Sargent & Greenleaf, Inc. (the Plan) as of December 31, 2011 and 2010, and for the years then ended as listed in the table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR § 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4 and Note 9, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information to the related information included in the Plan's 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 certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and do not express, an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the 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 15, 2012

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Statements of Net Assets Available for Benefits

	December 31,	
	2011	2010
Assets		
Investments at fair value:		
Plan interest in Master Trust	\$ 16,098,787	\$ 15,552,885
Total investments at fair value	16,098,787	15,552,885
Contribution receivable from employer	385,000	-
Total assets	16,483,787	15,552,885
Liabilities		
Accrued expenses	3,215	11,221
Net assets available for benefits	\$ 16,480,572	\$ 15,541,664

See accompanying notes.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2011	2010
Additions		
Interest in net appreciation and investment income of Master Trust	\$ 1,460,815	\$ 1,821,193
Employer contributions	580,000	328,000
Total additions	2,040,815	2,149,193
Deductions		
Benefits paid directly to participants	1,026,630	1,110,159
Administrative expenses	75,277	123,896
Total deductions	1,101,907	1,234,055
Net increase	938,908	915,138
Net assets available for benefits at beginning of year	15,541,664	14,626,526
Net assets available for benefits at end of year	\$ 16,480,572	\$ 15,541,664

See accompanying notes.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements

Years Ended December 31, 2011 and 2010

1. Background and Description of the Plan

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

General

On January 3, 2005, Stanley Security Solutions, Inc., a subsidiary of Stanley Black & Decker, Inc., acquired Security Group, Inc., the then parent company of Sargent & Greenleaf, Inc. and The Safemasters Co., Inc. Subsequently, Security Group, Inc. and The Safemasters Co., Inc. were merged into Stanley Security Solutions, Inc. Sargent & Greenleaf, Inc., the Plan sponsor (the Company), has continued as a separate legal entity.

The Plan is a noncontributory defined benefit pension plan. Certain Plan benefits are provided pursuant to a collective bargaining agreement.

All benefit accruals of participants covered under the Plan are frozen, effective upon the pertinent benefit freeze date, as follows:

- Benefit accruals were frozen under the Plan, effective October 1, 1992, with respect to all employees of Sargent & Greenleaf, S.A. covered under the Plan on that date. Deferred vested benefits will be paid to such employees in the amounts accrued as of September 30, 1992.
- Benefit accruals were frozen under the Plan, effective July 15, 1994, with respect to all employees of The Safemasters Co., Inc. ("Safemasters employees") covered under the Plan on that date.
- Benefit accruals were frozen under the Plan, effective March 3, 2003, with respect to salaried employees of Sargent & Greenleaf, Inc. who were covered under the Plan on that date.
- Benefit accruals were frozen under the Plan, effective August 11, 2005, with respect to non-salaried employees of Sargent & Greenleaf, Inc. Moreover, coverage of non-salaried employees of Sargent & Greenleaf, Inc. under the Plan is limited to such employees who became covered before July 1, 2005.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

1. Background and Description of the Plan (continued)

General (continued)

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Eligibility

Participation in the Plan is limited to individuals who were already covered under the Plan before July 1, 2005.

Frozen Accrued Benefits

The annual frozen accrued benefit amount is determined under the following formula, subject to the maximum benefit permitted under ERISA:

- 50% of average annual earnings minus 50% of the age 65 primary social security benefit and, if the number of projected years of credited service at normal retirement date is less than 15, reduced by 1/15 for each year of credited service less than 15 years. Certain participants are subject to maximum Social Security offset provisions in accordance with regulations under Code Section 401(1);

multiplied by:

- a fraction, the numerator of which is the number of years of credited service at the benefit freeze date and the denominator of which is the number of projected years of credited service at normal retirement date, assuming continued employment and credited service until normal retirement date.

For certain groups, there is an additional monthly benefit of \$1, \$2, or \$3 for each year of credited service.

Normal Retirement

Normal retirement date is the first day of the month coinciding with or next following the participant's 65th birthday.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

1. Background and Description of the Plan (continued)

Postponed Retirement

Postponed retirement is defined as retirement after the normal retirement date. The retirement benefit at the postponed benefit commencement date is the frozen accrued benefit as of the normal retirement date, actuarially increased from the normal retirement date to the benefit commencement date, provided that, if the benefit freeze date occurred after the normal retirement date, the accrued benefit at the benefit freeze date, after having been adjusted up to that date to be the greater of the actuarially increased normal retirement benefit or the recalculated benefit based upon post-normal retirement date service and earnings, is increased actuarially from the benefit freeze date to the benefit commencement date and reduced by the actuarial equivalent of any prior distributions.

Early Retirement

Early retirement is defined as retirement within 10 years preceding a participant's normal retirement date. The early retirement benefit is the vested frozen accrued benefit, multiplied by an early retirement adjustment factor.

Normal Form of Annuity

The normal form of annuity is a single life annuity. However, unless elected otherwise, a married participant's vested benefit will be in the form of an actuarial equivalent joint and 50% survivor annuity with the participant's spouse. A lump sum option at retirement date for former Safemasters employees with respect to their vested July 15, 1994 prior plan accrued benefits is retained under the Plan.

Death Benefits

The surviving spouse of a participant who dies before commencing his or her retirement benefits under the Plan will receive the same benefit that would be payable if the participant had retired with an immediate qualified joint and 50% survivor annuity on the day before the participant's death. This benefit is immediately payable to the spouse if the participant was already eligible for early retirement benefits. If the participant dies prior to becoming eligible for early retirement, payments to the spouse commence as of the earliest age the participant could have received benefits.

Administration

The Plan administrator is Sargent & Greenleaf, Inc.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

1. Background and Description of the Plan (continued)

Funding Policy

The Company's funding policy is to make annual contributions to the Plan in amounts not less than the amounts necessary to meet minimum funding requirements under the Employee Retirement Securities Act of 1974 (ERISA) and not more than the amounts permitted under the Internal Revenue Code (IRC). For 2011 and 2010, the minimum required contribution was \$504,909 and \$212,248, respectively. The Company made contributions to the Plan of \$580,000 and \$328,000, pertaining to 2011 and 2010, respectively. The Plan has met the ERISA minimum funding requirements.

2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

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.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

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

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

Adoption of New Accounting Pronouncements

In May 2011, the FASB issued Accounting Standards Update (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.

Reclassifications

Certain reclassifications have been made to the 2010 financial statement presentation to correspond to the 2011 format.

3. Accumulated Plan Benefits

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

Benefits under the Plan are based on the formula outlined in Note 1. Benefits payable under all circumstances (i.e. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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

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

	January 1,	
	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 8,714,606	\$ 7,902,814
Other participants	7,009,748	6,682,447
Total vested benefits	15,724,354	14,585,261
Nonvested benefits	13,720	20,908
Total actuarial present value of accumulated plan benefits	<u>\$ 15,738,074</u>	<u>\$ 14,606,169</u>

The following is a reconciliation of present value of accumulated benefits as of January 1, 2011:

Present value of accumulated plan benefits as of January 1, 2010	\$ 14,606,169
Changes during the year due to:	
Actuarial losses	84,206
Decrease in the discount period	1,055,415
Assumption changes	1,060,221
Actual benefits paid	(1,067,937)
Net increase	1,131,905
Present value of accumulated plan benefits as of January 1, 2011	<u>\$ 15,738,074</u>

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are as follows:

	2011	2010
Effective interest rate *	6.21%	6.54%
Mortality basis	Static tables under Section 430(h)(3)(a) of the IRC	Static tables under Section 430(h)(3)(a) of the IRC

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

The rates at which participants are assumed to retire by age for 2011 and 2010 are:

Age 55-59:	2%
Age 60:	5%
Age 61:	10%
Age 62:	20%
Age 63:	10%
Age 64:	20%
Age 65-66:	50%
Age 67:	100%

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

4. Investments

The Company maintains The Stanley Works Pension Plan Master Trust Agreement for the Master Trust. Pursuant to the trust agreement, the assets of the Master Trust are held and administered by The Bank of New York Mellon (Trustee) as of December 31, 2011 and 2010. The Trustee holds short-term investments, debt securities and mutual funds, which are stated at fair market value. In accordance with the trust agreement, the Trustee holds the Plan's assets and executes investment transactions. All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2011 and 2010, net appreciation of assets, interest income and expenses for the years ended December 31, 2011 and 2010, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

4. Investments (continued)

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.

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,	
	2011	2010
Plan's interest in Master Trust	\$ 16,098,787	\$ 15,552,885

5. Income Tax Status

The Internal Revenue Service has ruled that the form of the Plan is qualified under Section 401(a) of the IRC and therefore is not subject to tax under present income tax law. 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. An updated determination letter regarding the Plan was issued by the IRS on August 17, 2011. 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. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

6. Risks and Uncertainties (continued)

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.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

7. Plan Termination (continued)

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 2011 and 2010, 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 ceilings are actuarially adjusted downward.

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

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 The Bank of New York Mellon, which 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 Stanley Black & Decker, Inc. or a U.S. subsidiary of Stanley Black & Decker, Inc., including the Plan. The Plan's interest in the net assets of the Master Trust was 13.1%, amounting to \$16,098,787 and 13.3%, amounting to \$15,552,885, as of December 31, 2011 and 2010, respectively. Investment income and administrative expenses related to the Master Trust are allocated to the individual pension benefit plans based upon average monthly balances invested by each such plan.

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

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,	
	2011	2010
Master trust assets:		
Investments at fair value:		
Short-term investments	\$ 1,271,223	\$ 565,691
Equity mutual funds	56,443,270	73,023,353
Government securities	34,081,507	-
Corporate securities	30,565,322	-
Bond mutual funds	-	43,648,100
Total investments at fair value	122,361,322	117,237,144
Receivables:		
Investment income receivable	703,989	-
Receivable for investments sold	387,269	-
Accrued income on short-term investments	-	17
Total receivables	1,091,258	17
Total assets	123,452,580	117,237,161
Master trust liabilities		
Payable for investments purchased	384,352	-
Total master trust net assets	\$ 123,068,228	\$ 117,237,161

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

9. Investment in Master Trust (continued)

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

	December 31,	
	2011	2010
Additions:		
Investment income:		
Net appreciation of plan assets	\$ 8,363,328	\$ 11,742,581
Dividends on common stock	759,139	1,892,019
Interest	2,042,228	143
Total investment gain	11,164,695	13,634,743
Employer contributions	2,645,000	2,620,000
Transfer from other accounts	2,201,955	2,164,222
Total additions	16,011,650	18,418,965
Deductions:		
Benefits paid directly to participants	9,483,724	9,066,116
Administrative expenses	696,859	857,005
Total deductions	10,180,583	9,923,121
Net increase	5,831,067	8,495,844
Assets at beginning of year	117,237,161	108,741,317
Assets at end of year	<u>\$ 123,068,228</u>	<u>\$ 117,237,161</u>

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

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,			
	2011		2010	
	Net Appreciation (Depreciation) in Fair Value During the Year	Fair Value at the End of the Year	Net Appreciation in Fair Value During the Year	Fair Value at the End of the Year
Short-term investments	\$ (38)	\$ 1,271,223	\$ -	\$ 565,691
Equity mutual funds	(1,847,108)	56,443,270	9,460,337	73,023,353
Government securities	6,908,329	34,081,507	-	-
Corporate securities	3,181,139	30,565,322	-	-
Bond mutual funds	121,006	-	2,282,244	43,648,100
	\$ 8,363,328	\$ 122,361,322	\$ 11,742,581	\$ 117,237,144

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

	December 31,	
	2011	2010
PIMCO Total Return Fund	\$ -	\$ 43,648,100
SSgA S&P 500 Flagship NL Fund	29,983,064	41,308,171
EuroPacific Growth Fund	20,189,970	24,408,982
United States Treasury Bond 4.375%	10,840,638	-
Luther King Small Cap Fund	6,270,236	7,306,200

Pension Plan for Employees of Sargent & Greenleaf, Inc.

Notes to Financial Statements (continued)

10. Fair Value Measurements

The following tables summarize the fair values and levels within the fair value hierarchy of the Plan investments, which are measured on a recurring basis, for the Master Trust as of December 31, 2011 and 2010:

Fair Value at December 31, 2011				
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Short-term investments	\$ 1,271,223	\$ 529,986	\$ 741,237	\$ -
Equity mutual funds	56,443,270	26,460,206	29,983,064	-
Government securities	34,081,507	31,928,186	2,153,321	-
Corporate securities	30,565,322	-	30,565,322	-
Total investments at fair value	<u>\$ 122,361,322</u>	<u>\$ 58,918,378</u>	<u>\$ 63,442,944</u>	<u>\$ -</u>

Fair Value at December 31, 2010				
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Short-term investments	\$ 565,691	\$ -	\$ 565,691	\$ -
Equity mutual funds	73,023,353	31,715,182	41,308,171	-
Bond mutual funds	43,648,100	43,648,100	-	-
Total investments at fair value	<u>\$ 117,237,144</u>	<u>\$ 75,363,282</u>	<u>\$ 41,873,862</u>	<u>\$ -</u>

At December 31, 2011, the Master Trust held approximately 54% of its assets in government and corporate debt securities with the remainder allocated between a collective trust invested in the S&P 500 Index, and two mutual funds invested in small cap U.S. equities and international equities, respectively. The debt securities have been split between levels 1 and 2 based on their perceived liquidity, with U.S. Treasury securities being assigned to Level 1 and corporate debt securities assigned to Level 2. The Trust's equity holdings have been split between levels 1 and 2 based on the type of investment vehicle, with publically quoted mutual funds being placed in level 1 and a commingled index fund being placed in level 2.

11. Subsequent Events

The Plan has evaluated events occurring between December 31, 2011 and October 15, 2012, the date the financial statements were available to be issued. There were no subsequent events that were required to be disclosed identified.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date and Most Recent Amendment

The plan was originally effective December 28, 1961. The last amendment reflected herein is effective January 1, 2008. Eligibility and benefits are frozen.

Plan Year

The twelve-month period ending December 31.

Eligibility

Employees are eligible to participate in the plan at the attainment of age twenty-one. This includes employees who are members of a unit covered by a collective bargaining agreement. Participation in the plan is frozen.

Final Average Compensation

Plan compensation is base pay. Average compensation is the highest average compensation over a consecutive five year period.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Eligibility: A participant is eligible for normal retirement on the first day of the month following his 65th birthday.

Benefit Formula: The normal retirement benefit for a participant is the greater of:

- (i) 50% of Average Annual Earnings minus 50% of Primary Social Security Benefit – reduced one-fifteenth for each year of Credited Service less than 15 years. Certain employees have maximum Social Security offset provision in accordance with Code Section 401(l) and certain location groups have additional benefit of \$3/month for each year of Credited Service.
- (ii) Pension Trust Benefit
- (iii) \$600; reduced one-fifteenth for each year of Credited Service less than 15 years.

Benefits are now frozen for all groups.

Commencement Date: The first day of the month immediately following the date the participant reaches age 65.

Normal Form of Benefit: Single employees – Life annuity
Married employees – Reduced qualified 50% joint and survivor annuity

Late Retirement

Payment of normal retirement benefits may be deferred beyond the normal retirement date up to five years. The late retirement benefit is the same as the normal retirement benefit taking into account Credited Service and Average Annual Earnings up to the late retirement date.

Early Retirement Benefit

Eligibility: After attaining age 55 and 10 more or years of service, an employee is eligible for early retirement.

Benefit: The early retirement benefit is equal to the normal retirement benefit, reduced by 5/9 of 1% for each full calendar month for the first 60 months and 5/18 of 1% for each additional month by which the early retirement date precedes the normal retirement date.

The forms of payment available are the same as for normal retirement.

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN: 61-0982551 / 001
Plan Sponsor: Sargent & Greenleaf, Inc.
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Eligibility: A participant whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit, provided the participant has at least 5 years (4 years for Safemasters) of credited service.

Termination Benefit: The participant's accrued benefit under the normal retirement benefit formula is provided. Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date. Benefits payable prior to normal retirement date are reduced as for early retirement.

The forms of payment available are the same as for normal retirement.

Death Benefits for Participants Not Receiving Benefits

If a vested participant dies after becoming eligible for early retirement, a benefit equal to half of the participant's early retirement benefit under the 50% Joint and Survivor annuity option is payable to the surviving spouse.

If an active vested participant dies prior to becoming eligible for early retirement, the above benefit is deferred to the date the participant would have become eligible for early retirement.

Pension Increases

Not Applicable.

Plan Participants' Contributions

Not Applicable.

Optional Forms of Payment

Life annuity, joint & 50% survivor, joint & 75% survivor. Optional forms of payment are determined using the 1994 Uninsured Pensioner Mortality Table and 5% interest.

Lump sum available for employees of Safemasters grandfathered group.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions except as follows Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2011

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		2		0		0		0		0		0		0		0		0	
35 - 39	0		3		2		1		0		0		0		0		0		0	
40 - 44	1		2		1		1		0		0		0		0		0		0	
45 - 49	6		3		0		0		1		1		0		0		0		0	
50 - 54	12		1		1		2		0		3		5		4		0		0	
55 - 59	8		1		0		1		2		1		3		7		0		0	
60 - 64	2		1		1		1		3		1		2		6		0		0	
65 - 69	1		0		0		0		1		1		0		0		0		0	
70 & Over	0		0		0		0		0		0		1		0		0		0	

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
 EIN / PN: 61-0982551 / 001
 Plan Sponsor: Sargent & Greenleaf, Inc.
 Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Interest rate basis

- Applicable month September
- Yield curve basis 3 Segment Rates

Current plan year PPA interest rates

- First segment rate 3.78%
- Second segment rate 6.31%
- Third segment rate 6.57%
- Effective interest rate 6.21%

Prior plan year PPA interest rate

Effective interest rate 6.54%

Assumed Cost of Living Adjustments

None.

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is \$112,675.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN: 61-0982551 / 001
Plan Sponsor: Sargent & Greenleaf, Inc.
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Retirement

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

Percentage retiring during the year		
Age	Males	Females
55	2%	2%
56	2%	2%
57	2%	2%
58	2%	2%
59	2%	2%
60	5%	5%
61	10%	10%
62	20%	20%
63	10%	10%
64	20%	20%
65	50%	50%
66	50%	50%
67	100%	100%

Disability Rates

None.

Compensation Increases

None, benefits are frozen.

Cash flow and timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Future Increases in Social Security

None.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
25	11.630%	11.630%
40	6.646%	6.646%
55	1.661%	1.661%

Form of Payment

Participants are assumed to elect a life only annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN: 61-0982551 / 001
Plan Sponsor: Sargent & Greenleaf, Inc.
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Employees

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

Plan Compensation

Not applicable.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2010 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Participant data was supplied by Stanley Black & Decker, Inc. as of January 1, 2011.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2011 is used to determine the maximum deductible contribution for the tax year ending December 31, 2011.

Benefits Not Valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Stanley Black & Decker, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Stanley Black & Decker, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2011

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2011	1,877,045	7	1,877,045	308,829
2	Shortfall	01/01/2010	(677,217)	6	(609,505)	(113,181)
3	Shortfall	01/01/2009	1,365,089	5	1,068,603	229,867
Total					2,336,143	425,515

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN: 61-0982551 / 001
Plan Sponsor: Sargent & Greenleaf, Inc.
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The discount rate was changed from the IRS prescribed three 24-month average corporate bond segment rates applicable for the valuation date to the IRS prescribed three 24-month average corporate bond segment rates applicable for September prior to the valuation date. The change is being made as elected by the plan sponsor and is automatically approved by the IRS pursuant to the final funding valuation regulations issued October 15, 2009.

Plan Name:	Pension Plan for Employees of Sargent & Greenleaf, Inc.
EIN / PN:	61-0982551 / 001
Plan Sponsor:	Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Sargent & Greenleaf, Inc.
EIN/PN	61-0982551/001
Plan Name	Pension Plan for Employees of Sargent & Greenleaf, Inc.
Valuation Date	January 1, 2011
Enrolled Actuary	Nicole J. Devoe
Enrollment Number	11-06880

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2011

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.02	1,000,000	1.000000	0.020000	1.100000
56	0.02	980,000	0.980000	0.019600	1.097600
57	0.02	960,400	0.960400	0.019208	1.094856
58	0.02	941,192	0.941192	0.018824	1.091783
59	0.02	922,368	0.922368	0.018447	1.088394
60	0.05	903,921	0.903921	0.045196	2.711762
61	0.10	858,725	0.858725	0.085872	5.238221
62	0.20	772,852	0.772852	0.154570	9.583368
63	0.10	618,282	0.618282	0.061828	3.895175
64	0.20	556,454	0.556454	0.111291	7.122607
65	0.50	445,163	0.445163	0.222581	14.467795
66	0.50	222,581	0.222581	0.111291	7.345188
67	1.00	111,291	0.111291	0.111291	7.456479
Average age at retirement					63.293229
Rounded for Schedule SB line 22					63

Plan Name: Pension Plan for Employees of Sargent & Greenleaf, Inc.
 EIN / PN: 61-0982551 / 001
 Plan Sponsor: Sargent & Greenleaf, Inc.
 Valuation Date: January 1, 2011

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

► Round off amounts to nearest dollar.

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

A Name of plan PENSION PLAN FOR EMPLOYEES OF SARGENT & SARGENT & GREENLEAF, INC.	B Three-digit plan number (PN) ► <u>001</u> D Employer Identification Number (EIN) <u>61-0982551</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information																											
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>																											
2 Assets: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Market value</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">15,552,885</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">14,288,488</td> </tr> </table>				a Market value	2a	15,552,885	b Actuarial value	2b	14,288,488																		
a Market value	2a	15,552,885																									
b Actuarial value	2b	14,288,488																									
3 Funding target/participant count breakdown: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">(1) Number of participants</th> <th style="width: 25%; text-align: center;">(2) Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">3a 123</td> <td style="text-align: right;">9,181,651</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">3b 196</td> <td style="text-align: right;">4,270,717</td> </tr> <tr> <td colspan="3">c For active participants:</td> </tr> <tr> <td> (1) Non-vested benefits</td> <td style="text-align: center;">3c(1)</td> <td style="text-align: right;">13,782</td> </tr> <tr> <td> (2) Vested benefits</td> <td style="text-align: center;">3c(2)</td> <td style="text-align: right;">3,125,200</td> </tr> <tr> <td> (3) Total active</td> <td style="text-align: center;">3c(3) 96</td> <td style="text-align: right;">3,138,982</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">3d 415</td> <td style="text-align: right;">16,591,350</td> </tr> </table>					(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment	3a 123	9,181,651	b For terminated vested participants	3b 196	4,270,717	c For active participants:			(1) Non-vested benefits	3c(1)	13,782	(2) Vested benefits	3c(2)	3,125,200	(3) Total active	3c(3) 96	3,138,982	d Total	3d 415	16,591,350
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d Total	3d 415	16,591,350																									
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>				a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																			
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5 Effective interest rate 5 6.21 %																											
6 Target normal cost 6 112,675																											

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.

<div style="border: 1px solid black; padding: 2px; display: inline-block;">SIGN HERE</div> Nicole J. Devoe	10/5/2012 Date
 Signature of actuary	11-06880 Most recent enrollment number
NICOLE J. DEVOE Type or print name of actuary	617-638-3700 Telephone number (including area code)
TOWERS WATSON DELAWARE INC. Firm name	
800 BOYLSTON STREET, SUITE 600 BOSTON MA 02199-8103 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2011 v.012611

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 (line 13 from prior year)	29,510	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	29,510	0
10 Interest on line 9 using prior year's actual return of 12.78 %	3,771	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		81,771
b Interest on (a) using prior year's effective rate of 6.54 % except as otherwise provided (see instructions)		5,348
c Total available at beginning of current plan year to add to prefunding balance		87,119
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	33,281	0

Part III Funding percentages

14 Funding target attainment percentage	14	85.91 %
15 Adjusted funding target attainment percentage	15	85.91 %
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	92.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2011	65,000				
07/11/2011	65,000				
10/11/2011	65,000				
01/10/2012	65,000				
09/14/2012	320,000				
Totals ▶			18(b)	580,000	18(c)

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 538,807
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
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 contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	112,675	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance		Installment
	2,336,143		425,515
b Waiver amortization installment			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 0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			
			34 538,190
35 Balances elected for use to offset funding requirement			
	Carryover balance	Prefunding balance	Total balance
	0	0	0
36 Additional cash requirement (line 34 minus line 35)			
			36 538,190
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			
			37 538,807
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	617	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			
			39 0
40 Unpaid minimum required contributions for all years			
			40 0

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:						
a Schedule elected					☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made					2008	2009
					2010	2011
42 Amount of acceleration adjustment					0	
43 Excess installment acceleration amount to be carried over to future plan years					0	