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 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

1b Three-digit plan number (PN) ▶ 034

1c Effective date of plan 12/15/1973

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BLACK & DECKER (U.S.) INC.

701 E JOPPA ROAD
TOWSON, MD 21286

2b Employer Identification Number (EIN) 52-1127357

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

2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

701 E JOPPA ROAD
TOWSON, MD 21286

3b Administrator's EIN
52-1127357

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	339
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**	19
b	Retired or separated participants receiving benefits	**6b**	194
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	297
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	33
f	Total. Add lines **6d** and **6e**	**6f**	330
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**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

B Three-digit plan number (PN) ▶ 034

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

D Employer Identification Number (EIN)
52-1127357

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	9154830
b	Actuarial value	**2b**	8444167

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	224	7089887
b	For terminated vested participants	**3b**	83	1153437
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		47660
	(2) Vested benefits	**3c(2)**		1740491
	(3) Total active	**3c(3)**	32	1788151
d	Total	**3d**	339	10031475

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

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

5	Effective interest rate	**5**	6.12 %
6	Target normal cost	**6**	123968

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

	10/10/2012
Signature of actuary	Date
JEANNIE A. MANDELL	11-06089
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	617-638-3700
Firm name	Telephone number (including area code)
800 BOYLSTON ST., PRUDENTIAL TOWER 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 [ ]

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)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of 14.23%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		988689
b	Interest on (a) using prior year's effective rate of 6.51 % except as otherwise provided (see instructions)		64364
c	Total available at beginning of current plan year to add to prefunding balance		1053053
d	Portion of (c) to be added to prefunding balance		400000
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)	0	400000

Part III Funding percentages

14	Funding target attainment percentage	14	80.18 %
15	Adjusted funding target attainment percentage	15	80.18 %
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	82.25 %
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	110000				
07/11/2011	110000				
10/11/2011	110000				
01/10/2012	110000				
			Totals ► 18(b)	440000	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	423323

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous items

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

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

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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** 123968

b Excess assets, if applicable, but not greater than 31a **31b**

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1987308	411034
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 535002

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	113492	113492

36 Additional cash requirement (line 34 minus line 35) **36** 421510

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 423323

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 1813

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 1813

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

B Three-digit plan number (PN) ▶ 034

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

D Employer Identification Number (EIN)
52-1127357

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: AL-KARIM ALIDINA

b EIN: 36-2235791

c Position: ENROLLED ACTUARY

d Address: 3130 FAIRVIEW PARK DRIVE, SUITE 300
FALLS CHURCH, VA 22042-4529

e Telephone: 571-226-2400

Explanation: CHANGE IN ACTUARIAL FIRM.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

B Three-digit plan number (PN) ▶ 034

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

D Employer Identification Number (EIN)
52-1127357

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK & DECKER DB PLAN MASTER TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3222232-001	M	9468650

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

B Three-digit plan number (PN) ▶ 034

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

D Employer Identification Number (EIN)
52-1127357

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	110000
(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)	9151590	9468650
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9151590	9578650
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9151590	9578650

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)	440000	
(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)		440000
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)		801648
(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		1241648
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	814588	
(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)		814588
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		814588
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		427060
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		60000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE THREADED FASTENER DIVISION, CAMPBELLSVILLE PLANT

B Three-digit plan number (PN) ▶ 034

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

D Employer Identification Number (EIN)
52-1127357

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 52-1127357

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (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

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**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements

Pension Plan for Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant

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

Pension Plan for Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant

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 Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant (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 State Street Bank & Trust Company, 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 a 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 Hourly-Rate Employees of the Threaded Fastener Division,
Campbellsville Plant

Statements of Net Assets Available for Benefits

	December 31, 2011	2010
Assets		
Investments at fair value		
Plan interest in Master Trust	**$ 9,476,899**	$ 9,154,830
Total investments at fair value	**9,476,899**	9,154,830
Employer contribution receivable	**110,000**	-
Total assets	**9,586,899**	9,154,830
Liabilities		
Accrued expenses and other liabilities	**8,249**	3,240
Net assets available for benefits	**$ 9,578,650**	$ 9,151,590

See accompanying notes.

Pension Plan for Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant

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	**$ 902,227**	$ 1,015,769
Employer contributions	**440,000**	1,545,689
Total additions	**1,342,227**	2,561,458
Deductions:		
Benefits paid directly to participants	**814,588**	794,445
Administrative expenses	**100,579**	84,757
Total deductions	**915,167**	879,202
Net increase	**427,060**	1,682,256
Net assets available for benefits, beginning of year	**9,151,590**	7,469,334
Net assets available for benefits, end of year	**$ 9,578,650**	$ 9,151,590

See accompanying notes.

Pension Plan for Hourly-Rate Employees
of the Threaded Fastener Division, Campbellsville Plant

Notes to Financial Statements

Years Ended December 31, 2011 and 2010

1. Description of the Plan

The Pension Plan for Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant (the Plan) is a defined benefit plan which covers employees who receive a base rate per hour at the Threaded Fastener Division plant in Campbellsville, Kentucky, and as of January 1, 1997, employees of the former Dynapert, Fellows Gear Shaper, W.W. Cross and J.C. Rhodes Divisions and certain employees of the former factory located in Beverly, Massachusetts. The Plan provides for retirement, death, and disability benefits. Black & Decker (U.S.) Inc. (the Company), is the Plan sponsor and Plan administrator.

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

The Company's funding policy is to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. For 2011 and 2010, the minimum required contribution was $135,002 and $471,491, respectively. The Company made contributions to the Plan of $440,000 and $1,545,689, pertaining to 2011 and 2010, respectively. The Plan has met the ERISA minimum funding requirements.

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

2. Significant Accounting Policies

Basis of Accounting

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

2. Significant Accounting Policies (continued)

Investments

The assets of the Plan are held by State Street Bank and Trust Company (the Trustee) under a trust agreement for The Black & Decker Defined Benefit Plan Master Trust (the Master Trust) (Note 9) with the assets of other defined benefit pension plans of The Black & Decker Corporation and certain of its subsidiaries.

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

The Plan, through its investment in the Master Trust, utilizes derivative financial instruments to manage market risk. During 2011 and 2010, the Master Trust utilized option and futures contracts for trading or hedging purposes. These derivative financial instruments are marked to market and reflected in the Statement of Net Assets Available for Benefits at fair value.

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.

2. Significant Accounting Policies (continued)

Fair Value of Investments (continued)

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

These levels are:

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

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

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

There have been no changes in the valuation methodologies used to determine fair value at December 31, 2011 and 2010. See Note 10 for further discussion of fair value measurements.

Benefits

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

Administrative Expenses

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

2. Significant Accounting Policies (continued)

Recent 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.

Actuarial Present Value of Accumulated Plan Benefits

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

1) Retired or terminated employees or their beneficiaries,

2) Beneficiaries of employees who have died, and

3) Present employees or their beneficiaries.

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

Reclassifications

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

3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation of the Plan are:

Mortality basis	Static tables under Section 430(h)(3)(A) of the IRC for 2011 and 2000 Combined Healthy Table Projected with Scale AA to 2009 for 2010
Retirement age	Assumed average retirement age of 65
Present value of accumulated plan benefits	Discount rate of 7.00% for 2011 and 5.75% for 2010

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

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

	January 1, 2011	January 1, 2010
Vested benefits:		
Participants currently receiving payments	**$ 6,620,916**	$ 6,938,597
Participants with deferred benefits	**1,057,967**	1,198,738
Other participants	**1,595,399**	1,931,914
Total vested benefits	**9,274,282**	10,069,249
Nonvested benefits	**43,496**	26,632
	$ 9,317,778	$ 10,095,881

3. Accumulated Plan Benefits (continued)

The statement of changes in the actuarial present value of accumulated plan benefits as of January 1, 2011 is as follows:

Present value of accumulated benefits as of January 1, 2010	**$**	**10,095,881**
Changes during the year due to:		
Benefits paid		**(794,445)**
Decrease in the discount period		**557,673**
Changes in actuarial assumptions		**(848,490)**
Plan amendments		**109,254**
Other changes		**197,905**
Net decrease		**(778,103)**
Present value of accumulated benefits as of January 1, 2011	**$**	**9,317,778**

4. Investments

The Company maintains The Black & Decker Defined Benefit Plan Master Trust Agreement for the Master Trust. Pursuant to the trust agreement, the assets of the Master Trust are held and administered by State Street Bank and Trust Company (Trustee) as of December 31, 2011 and 2010. The trustee holds cash, short-term investments, mutual funds, bonds, common stocks, and option and futures contracts, which are stated at fair market value. In accordance with the trust agreement, the Trustee holds the Plan's assets and executes investment transactions. All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2011 and 2010, net appreciation of assets, interest income and expenses for the years then ended, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

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

4. Investments (continued)

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

	December 31,	
	2011	**2010**
Plan's interest in Master Trust	**$ 9,476,899**	$ 9,154,830

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 20, 2009, stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, is not subject to tax under the present income tax law. Since the form of the Plan is qualified, the Plan is required to operate in accordance with its terms in order to maintain its qualification. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. Amendments to the Plan have been adopted subsequent to the receipt of the determination letter. The Plan administrator, which consults regularly with legal counsel regarding Plan matters, believes that the Plan 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.

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

7. Plan Termination

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

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

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

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

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

e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 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 ceiling is actuarially adjusted downward.

7. Plan Termination (continued)

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

9. Investment in Master Trust

The Plan's investment consists of an interest in the Master Trust. The Master Trust was created and is maintained for certain employee pension benefit plans sponsored by the Company, including the Plan. The Plan's interest in the assets of the Master Trust was 1.0%, amounting to $9,476,899, and $9,154,830, for the years ended December 31, 2011 and 2010, respectively.

9. Investment in Master Trust (continued)

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

	December 31, 2011	December 31, 2010
Master trust assets		
Cash	**$ 288,995**	$ 54,232
Investments, at fair value:		
Short-term investments	**19,066,287**	15,563,327
Bonds	**556,216,439**	376,024,192
Common stocks (domestic)	**270,482,457**	413,673,717
Common stocks (foreign)	**103,483,349**	123,995,927
Option contracts - purchased	**-**	15,110
Option contracts - written	**-**	(114,383)
Total investments at fair value	**949,248,532**	929,157,890
Receivables:		
Investment income receivable	**5,598,306**	864,294
Receivable for investments sold	**13,623,263**	6,198,824
Total receivables	**19,221,569**	7,063,118
Total assets	**968,759,096**	936,275,240
Master trust liabilities		
Payable for investments purchased	**12,191,444**	21,413,731
Total master trust net assets	**$ 956,567,652**	$ 914,861,509

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	**$ 71,217,767**	$ 94,018,924
Interest and dividend income	**19,453,565**	5,651,264
Total investment gain	**90,671,332**	99,670,188
Employer contributions	**20,995,000**	205,758,884
Total additions	**111,666,332**	305,429,072
Deductions:		
Benefits paid directly to participants	**64,461,984**	63,330,405
Administrative expenses	**5,498,205**	6,467,264
Total deductions	**69,960,189**	69,797,669
Net increase	**41,706,143**	235,631,403
Assets at beginning of year	**914,861,509**	679,230,106
Assets at end of year	**$ 956,567,652**	$ 914,861,509

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 (Depreciation) in Fair Value During the Year**	**Fair Value at the End of the Year**
Short-term investments	**$ 5,677**	**$ 19,066,287**	$ 739,047	$ 15,563,327
Bonds	**70,828,578**	**556,216,439**	19,419,652	376,024,192
Common stocks (domestic)	**15,287,624**	**270,482,457**	58,781,002	413,673,717
Common stocks (foreign)	**(14,919,122)**	**103,483,349**	15,070,197	123,995,927
Option contracts - purchased	**63,808**	**-**	70,867	15,110
Option contracts - written	**(48,798)**	**-**	(61,841)	(114,383)
	$ 71,217,767	**$ 949,248,532**	$ 94,018,924	$ 929,157,890

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

	December 31,	
	2011	2010
SSGA S&P 500 Flagship	**$ 73,594,263**	$ 83,108,846
PIMCO Long Duration Fund	**53,294,203**	*
Barclays Global Investors - Barclays Long Term Credit Bond Index	*	92,494,335
Blackrock - Long Term Government Bond Index Fund	*	90,857,195
Brinson Partners – Brinson US Large Cap Value Equity Fund	*	74,071,753
PIMCO – Stocks Plus, LLC	*	63,904,314
Barclays Global Investors - Barclays Intermediate Government Bond Index	*	49,499,067
Acadian Asset Management – Acadian International All Country World	*	48,344,755

* Investment did not exceed 5% of plan assets.

10. Fair Value of Investments in Master Trust

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2011 and 2010, respectively:

	Assets at fair value as of December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	**$ -**	**$ 19,066,287**	**$ -**	**$ 19,066,287**
Bonds *	**208,492,280**	**347,724,159**	**-**	**556,216,439**
Common stocks *	**59,554,496**	**283,557,355**	**30,853,955**	**373,965,806**
	$ 268,046,776	**$ 650,347,801**	**$ 30,853,955**	**$ 949,248,532**

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

*Certain investments in shares of common stock have been reclassified to Level 1 in 2011 as these are traded on a public exchange and held in a separately managed account. Investments in U.S. Treasury obligations of various maturities have been reclassified to Level 1 as the investments were moved to a separately managed account in 2011.

At December 31, 2011, the Master Trust held approximately 60% of its assets in government and corporate debt securities with the remainder allocated among various equity investments as well as a small allocation to alternative investments. The debt securities have been split between levels 1 and 2 based on their 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, with publically quoted equities held in a separately managed account placed in Level 1 and investments held in commingled funds and similar vehicles placed in level 2.

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

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended December 31, 2011 and 2010, respectively:

	Year Ended December 31, 2011	2010
Balance, beginning of year	**$ 34,879,071**	$ 31,124,554
Purchases	**3,980,000**	3,580,000
Sales	**(10,013,400)**	(2,101,364)
Net realized and unrealized appreciation	**2,008,284**	2,275,881
Balance, end of year	**$ 30,853,955**	$ 34,879,071

The Master Trust's investments include limited partnership interests, which had an aggregate fair value of $30,853,955 and $26,471,346 at December 31, 2011 and 2010, respectively. The fair value of these limited partnership interests is determined by the general partners based upon the Master Trust's pro rata ownership in the investments held by the partnerships. Investments in limited partnerships are recorded at market value using external pricing sources or, when such sources are not readily available or deemed inappropriate, at fair values determined in good faith by the general partners. The determination by the general partners of estimated fair values of certain illiquid investments includes, among other methods such as the use of external pricing models, obtaining valuation-related information from third-party investment firms and pricing services, and performing other research activities. Such determinations involve subjective judgment as the value of these limited partnership investments is generally ultimately determined by negotiation between parties in a sales transaction. The carrying value recorded in the financial statements of the Master Trust's investments in these limited partnership interests may differ materially from the amounts ultimately realized from these limited partnership interests and from the values that would have been reported in the financial statements had a ready market for these partnership interests existed.

The Master Trust's investments include a private placement mortgage fund, which had a fair value of $8,407,725 at December 31, 2010. The fair value of this investment is determined from a discounted cash flow model, utilizing a discount rate comprised of the average life Treasury yield, benchmarked to the underlying security, and credit spreads that are provided by intermediaries in the market.

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

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

The following table summarizes the contractual amounts and fair values of the Master Trust's derivative financial instruments as of December 31, 2011 and 2010, as well as the average fair values during the years, determined using month-end closing values:

	Contractual Amount	Fair Value
December 31, 2011		
Option contracts:		
Purchased	**$ -**	**$ -**
Written	-	-
Futures contracts *:		
Long (purchased)	**8,500,000**	**23,198**
Short (written)	-	-
December 31, 2010		
Option contracts:		
Purchased	$ 43,401	$ 15,110
Written	(154,275)	(114,383)
Futures contracts *:		
Long (purchased)	-	-
Short (written)	(1,800,000)	72,422

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

*Contractual amount represents the notional value of the futures.

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

The following table summarizes the realized and unrealized gain (loss) associated with the Master Trust's derivative financial instruments during the years ended December 31, 2011 and 2010. These amounts are included in net realized and unrealized appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

	Realized Gain (Loss)	Unrealized Appreciation (Depreciation)	Net Realized and Unrealized Appreciation (Depreciation)
December 31, 2011			
Option contracts:			
Purchased	**$ 35,517**	**$ 28,291**	**$ 63,808**
Written	**(8,906)**	**(39,892)**	**(48,798)**
Futures contracts:			
Long (purchased)	**77,625**	**23,296**	**100,921**
Short (written)	**(393,584)**	**(72,422)**	**(466,006)**
December 31, 2010			
Option contracts:			
Purchased	$ 99,158	$ (28,291)	$ 70,867
Written	(78,433)	16,592	(61,841)
Futures contracts:			
Long (purchased)	(88,838)	86,911	(1,927)
Short (written)	171,382	(101,665)	69,717

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

11. Subsequent Events

The Plan has evaluated events occurring between December 31, 2011 and October 15, 2012, the date the financial statements were available to be issued. There were no subsequent events that are 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 15, 1973. Amended and restated effective January 1, 2007. Most recently amended effective October 1, 2010.

Eligibility

Covered employees after one year of Eligibility Service Credit or immediately if they are regularly scheduled to work at least 1,000 hours per year.

Normal Retirement

a. Eligibility — Age 65.

b. Benefit — Monthly unit from the following schedule times years of Benefit Service Credit (up to a maximum of 30 years for termination prior to 1/1/1990).

Termination Date	Monthly Unit
01/01/1979 to 12/31/1981	$5.00
01/01/1982 to 12/31/1982	$5.50
01/01/1983 to 12/31/1983	$6.00
01/01/1984 to 12/31/1984	$7.00
01/01/1985 to 12/31/1985	$8.00
01/01/1986 to 12/15/1986	$9.00
12/16/1986 to 12/31/1989	
Benefit Service Date prior to 12/14/1973	$4.50
Benefit Service Date on or after 12/14/1973	$9.00
01/01/1990 to 12/31/1990	$9.00
01/01/1991 to 12/31/1991	$10.00
01/01/1992 to 12/14/1992	$11.00
12/15/1992 to 12/14/1993	$13.00
12/15/1993 to 12/14/1994	$14.00
12/15/1994 to 12/31/1995	$14.50
01/01/1996 to 12/31/1996	$15.00
01/01/1997 to 12/31/1997	$15.50
01/01/1998 to 12/31/1998	$16.00
01/01/1999 to 12/31/1999	$17.00
01/01/2000 to 12/31/2000	$18.50
01/01/2001 to 12/31/2001	$20.00
01/01/2002 to 12/31/2002	$20.50
01/01/2003 to 12/31/2003	$21.00
01/01/2004 to 12/31/2004	$21.50
01/01/2005 to 12/31/2007	$24.00
01/01/2008 to 09/30/2010	$28.00
10/01/2010 and later	$30.00

SCHEDULE SB ATTACHMENTS

c. Commencement Date	Payments commence on the first day of the month coinciding with or following the participant's normal or actual retirement date.
d. Form of Payment	Single Life Annuity, Spouse's Joint and 50% Survivor Annuity, and Spouse's Joint and 75% Last Survivor Annuity. A participant whose present value of benefits is $1000 or less will receive an automatic cashout.

Early Retirement

a. Eligibility	Age 55 and ten years of Vesting Service Credit.
b. Benefit	Actuarial equivalent of accrued normal retirement pension as of early retirement date or date benefit is to commence, if later.
c. Commencement Date	Payments commence on the first day of the month coinciding with or following the month the participant retires and elects benefit commencement.
d. Form of Payment	Same as for normal retirement.

Disability Retirement

a. Eligibility	Fifteen years of Vesting Service Credit.
b. Benefit	Actuarial equivalent, as in early retirement, of accrued normal retirement pension as of disability retirement date is payable until age 65. Accrued normal retirement pension as of disability retirement date is payable after age 65.
c. Commencement Date	Payments commence as soon as practicable following the approval of the application for benefits.
d. Form of Payment	Single life annuity.

SCHEDULE SB ATTACHMENTS

Death Prior to Retirement

a.	Eligibility	Five years of Vesting Service Credit
b.	Benefit	For an employee who dies after attaining age 55, the pension is calculated as if the employee had retired on first day of the month in which he died with the automatic form of pension in effect. For an employee who dies prior to attaining age 55, the pension commences when the deceased employee would have attained age 55 and is calculated as if the employee had terminated employment on his date of death and commenced receiving a reduced deferred benefit at age 55 with the automatic form of pension in effect. For participants who terminated prior to January 1, 1992, pensions of the employees and their surviving spouses are reduced to reflect the cost of the coverage during the period it is in effect.
c.	Commencement Date	Payments commence on the date that the member would have been eligible to receive benefits or date of death, if later.
d.	Form of Payment	The surviving spouse's benefit is paid monthly for the life of the surviving spouse.

Termination of Employment

a.	Eligibility	Earlier of age 65 and five years of Vesting Service Credit.
b.	Benefit	Starting at age 65, a pension calculated as for normal retirement, based on Benefit Service Credit to date of termination. If a former employee had ten years of vesting service, a benefit is payable commencing between ages 55 and 65 reduced by the same factors applicable to early retirement.
c.	Commencement Date	Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date, or the participant may elect to have payments commence as early as the first day of the month coinciding with or next following his attainment of age 55, in an amount reduced for early commencement.
d.	Form of Payment	Same as for normal retirement.

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. Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Plan Provisions since Last Actuarial Valuation

Effective for terminations on or after October 1, 2010, the monthly benefit unit increased from $28.00 per year of Benefit Service Credit to $30.00 per year of Benefit Service Credit.

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		1		1		0		0		0		0		0		0		0	
35 - 39	0		0		0		1		0		0		0		0		0		0	
40 - 44	0		0		0		0		1		2		0		0		0		0	
45 - 49	0		0		0		0		0		3		1		1		0		0	
50 - 54	0		0		0		0		0		2		1		3		0		0	
55 - 59	0		0		0		0		0		0		1		1		6		1	
60 - 64	0		0		0		0		0		1		1		0		3		0	
65 - 69	0		0		0		0		0		0		1		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Pension Plan for Hourly Rate Employees of the Threaded Fastener Division, Campbellsville Plant
EIN / PN: 52-1127357 / 034
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Discount Rates

Current plan year PPA effective interest rate: 6.12%

Prior plan year PPA effective interest rate: 6.51%

3-Segment Rates: 3.78%, 6.31%, 6.57%

Applicable month: September

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 $72,347 (prior year's expenses).

Mortality

For healthy participants, the prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants was used. For disabled participants, the mortality table specified in Revenue Ruling 96-7 was used.

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 service are shown below:

Percentage retiring during the year		
Age	**Years of Service**	
	0 - 24	**25+**
60	6.00%	6.00%
61	8.00%	8.00%
62	15.00%	15.00%
63	10.00%	10.00%
64	10.00%	10.00%
65	60.00%	85.00%
66	15.00%	25.00%
67	20.00%	30.00%
68	25.00%	35.00%
69	30.00%	40.00%
70+	100.00%	100.00%

SCHEDULE SB ATTACHMENTS

Disability Rates

The rates at which participants become disabled are shown below:

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

SCHEDULE SB ATTACHMENTS

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

SCHEDULE SB ATTACHMENTS

Representative Termination

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

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

SCHEDULE SB ATTACHMENTS

Percentage leaving during the year				
Age	**Years of Service**			
	0	**1**	**2**	**3+**
45	30.800%	23.100%	15.400%	3.600%
46	30.200%	22.650%	15.100%	3.400%
47	29.300%	21.975%	14.650%	3.100%
48	28.700%	21.525%	14.350%	2.900%
49	27.500%	20.625%	13.750%	2.500%
50	26.600%	19.950%	13.300%	2.200%
51	25.700%	19.275%	12.850%	1.900%
52	25.100%	18.825%	12.550%	1.700%
53	24.800%	18.600%	12.400%	1.600%
54	24.500%	18.375%	12.250%	1.500%
55	24.200%	18.150%	12.100%	1.400%
56	23.900%	17.925%	11.950%	1.300%
57	23.900%	17.925%	11.950%	1.300%
58	24.200%	18.150%	12.100%	1.400%
59	24.500%	18.375%	12.250%	1.500%
60+	0.000%	0.000%	0.000%	0.000%

Form of Payment

Participants are assumed to elect the single life annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of males and 50% of females are assumed to be married and male spouses are assumed to be 4 years older than female spouses.

Employees

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

Valuation Date

First day of plan year.

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.

Benefits Not Included in Valuation

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.

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

Census data was supplied by Stanley Black's 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.

SCHEDULE SB ATTACHMENTS

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

	Type of Base	Date Established	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2011	7	498,090	81,950
2	Shortfall	01/01/2010	6	272,320	50,568
3	Shortfall	01/01/2009	5	874,874	188,194
4	Shortfall	01/01/2008	4	342,024	90,322
Total				1,987,308	411,034

Plan Name: Pension Plan for Hourly Rate Employees of the Threaded Fastener Division, Campbellsville Plant
EIN / PN: 52-1127357 / 034
Plan Sponsor: Black & Decker (U.S.) 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 final funding valuation regulations issued October 15, 2009.

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 5% of those values as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

For healthy participants the mortality table was changed from the Generational Mortality Table for Annuitants and Non-Annuitants under IRC §430(h)(3)-1(d) to the static mortality tables prescribed under 430(h)(3)(A).

The timing of decrements was updated from the middle of the year to the beginning of the year.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Black & Decker (U.S.) Inc.
EIN/PN	52-1127357/034
Plan Name	Pension Plan for Hourly Rate Employees of the Threaded Fastener Division, Campbellsville Plant
Valuation Date	January 1, 2011
Enrolled Actuary	Jeannie A. Mandell
Enrollment Number	11-06089

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 shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at the beginning of the year.

	Service Range 0 - 24			Service Range 25+		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
60	6.00%	1.0000	3.600	6.00%	1.0000	3.600
61	8.00%	0.9400	4.587	8.00%	0.9400	4.587
62	15.00%	0.8648	8.043	15.00%	0.8648	8.043
63	10.00%	0.7351	4.631	10.00%	0.7351	4.631
64	10.00%	0.6616	4.234	10.00%	0.6616	4.234
65	60.00%	0.5954	23.221	85.00%	0.5954	32.897
66	15.00%	0.2382	2.358	25.00%	0.0893	1.474
67	20.00%	0.2024	2.713	30.00%	0.0670	1.346
68	25.00%	0.1620	2.753	35.00%	0.0469	1.116
69	30.00%	0.1215	2.514	40.00%	0.0305	0.841
70	100.00%	0.0850	5.952	100.00%	0.0183	1.280
Weighted Average			64.61	Weighted Average		64.05
Percent Retiring			**0.00%**	Percent Retiring		**100.00%**
Average Retirement Age						**64**

Plan Name: Pension Plan for Hourly Rate Employees of the Threaded Fastener Division, Campbellsville Plant
EIN / PN: 52-1127357 / 034
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2011

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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

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

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

A Name of plan

PENSION PLAN FOR HOURLY RATE EMPLOYEES OF THE

B Three-digit plan number (PN) ▶ 034

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

BLACK & DECKER (U.S.) INC.

D Employer Identification Number (EIN) 52-1127357

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:			
a Market value		2a	9,154,830
b Actuarial value		2b	8,444,167
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	224	7,089,887
b For terminated vested participants	3b	83	1,153,437
c For active participants:			
(1) Non-vested benefits	3c(1)		47,660
(2) Vested benefits	3c(2)		1,740,491
(3) Total active	3c(3)	32	1,788,151
d Total	3d	339	10,031,475
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.12 %
6 Target normal cost		6	123,968

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 Jeannie A. Mandell — Signature of actuary

10/10/2012 — Date

JEANNIE A. MANDELL — Type or print name of actuary

11-06089 — Most recent enrollment number

TOWERS WATSON DELAWARE INC. — Firm name

617-638-3700 — Telephone number (including area code)

800 BOYLSTON ST., PRUDENTIAL TOWER
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 [ ]

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)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of 14.23 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		988,689
	b Interest on (a) using prior year's effective rate of 6.51 % except as otherwise provided (see instructions)		64,364
	c Total available at beginning of current plan year to add to prefunding balance		1,053,053
	d Portion of (c) to be added to prefunding balance		400,000
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)	0	400,000

Part III Funding percentages

14	Funding target attainment percentage	14	80.18 %
15	Adjusted funding target attainment percentage	15	80.18 %
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	82.25 %
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	110,000				
07/11/2011	110,000				
10/11/2011	110,000				
01/10/2012	110,000				
			Totals ▶	18(b) 440,000	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	423,323

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	[X] Yes	[ ] No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	[X] Yes	[ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	N/A, full yield curve used
3.78 %	6.31 %	6.57 %	☐

b Applicable month (enter code) — 21b: 4

22 Weighted average retirement age — 22: 64

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

Part VI Miscellaneous items

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

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

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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: 123,968

b Excess assets, if applicable, but not greater than 31a — 31b:

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,987,308	411,034
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — 34: 535,002

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	113,492	113,492

36 Additional cash requirement (line 34 minus line 35) — 36: 421,510

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — 37: 423,323

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — 38a: 1,813

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — 38b: 1,813

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