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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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;
- [X] 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
HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/28/2004

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

STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

55 SHUMAN BLVD, SUITE 900
NAPERVILLE, IL 60563

2b Employer Identification Number (EIN)
20-1044950

2c Sponsor's telephone number
630-245-7100

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

FIONDELLA, MILONE & LASARACINA LLP

300 WINDING BROOK DRIVE
GLASTONBURY, CT 06033

Preparer's telephone number (optional)
860-657-3651

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	586
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

D Employer Identification Number (EIN)
20-1044950

E Type of plan: [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 2013

2 Assets:			
a Market value	**2a**		18701613
b Actuarial value	**2b**		17924651
3 Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	33	3869155
b For terminated vested participants	**3b**	255	4080237
c For active participants:			
(1) Non-vested benefits	**3c(1)**		490461
(2) Vested benefits	**3c(2)**		8068886
(3) Total active	**3c(3)**	300	8559347
d Total	**3d**	588	16508739
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**		6.37 %
6 Target normal cost	**6**		132656

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

	10/03/2014
Signature of actuary	Date
THOMAS G. FIELDS	14-05317
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	901-252-4000
Firm name	Telephone number (including area code)
3350 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125-8917	
Address of the firm	

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

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)	42316	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	42316	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.51 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		942237
	b Interest on (a) using prior year's effective interest rate of 5.65 % except as otherwise provided (see instructions)		56140
	c Total available at beginning of current plan year to add to prefunding balance		998377
	d Portion of (c) to be added to prefunding balance		998377
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	998377

Part III Funding Percentages

14	Funding target attainment percentage	14	102.52 %
15	Adjusted funding target attainment percentage	15	108.57 %
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	87.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

27 If the plan is subject to 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**	132656
b Excess assets, if applicable, but not greater than line 31a	**31b**	132656

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

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**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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)

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
99	NONE	35317	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REID & RIEGE, P.C.

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	17631	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO & COMPANY

94-1347393

(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?
99 64	NONE	12571	Yes [ ] No [X]	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)

FIONDELLA, MILONE & LASARACINA, LLP

06-1648707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 65	NONE	10575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS

48-1140940

(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?
28	NONE	9754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER LP

27-0684167

(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?
28	NONE	6697	Yes [ ] No [X]	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)

SPRUCEGROVE INVESTMENT MANAGEMENT

98-0399967

(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?
28	NONE	5543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

D Employer Identification Number (EIN)
20-1044950

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SBD PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): STANLEY BLACK & DECKER, 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)
06-0548860-028	M	0

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

D Employer Identification Number (EIN)
20-1044950

Part I Asset and Liability Statement

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)	1220000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	118429	
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)	17502299	0
(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	18840728	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	16941	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	16941	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18823787	0

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)	0	
(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)		0
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)		
(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)		

		(a) Amount	(b) Total
(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)		681656
(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		681656
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1131823	
(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)		1131823
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)	58134	
(2) Contract administrator fees	2i(2)	16685	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28927	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		103746
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1235569
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-553913
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		18269874

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
STANLEY BLACK & DECKER PENSION PLAN	52-1127357	013

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

D Employer Identification Number (EIN)
20-1044950

Part I 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): 13-5160382

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** 1

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements

HSM Electronic Protection Services, Inc. Pension Plan

Years ended December 31, 2013 and 2012
with Independent Auditors' Report

HSM Electronic Protection Services, Inc. Pension Plan

Financial Statements

Years ended December 31, 2013 and 2012

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EXPERIENCE THAT COUNTS

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of HSM Electronic Protection Services, Inc. (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR § 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4 and Note 9, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information to the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

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
September 30, 2014

HSM Electronic Protection Services, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2013	2012
Assets		
Investments at fair value:		
Plan interest in Master Trust	$ -	$ 17,502,299
Total investments at fair value	-	17,502,299
Contribution receivable from employer	-	1,220,000
Other receivables	-	118,429
Total assets	-	18,840,728
Liabilities		
Accrued administrative expenses	-	16,941
Net assets available for benefits	$ -	$ 18,823,787

See accompanying notes.

HSM Electronic Protection Services, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2013	2012
Additions		
Interest in net appreciation and investment income of Master Trust	**$ 681,656**	$ 1,920,935
Employer contributions	**-**	1,580,000
Total additions	**681,656**	3,500,935
Deductions		
Benefits paid directly to participants	**1,131,823**	264,055
Administrative expenses	**103,746**	136,287
Total deductions	**1,235,569**	400,342
Net (decrease) increase	**(553,913)**	3,100,593
Transfer to Stanley Black & Decker Pension Plan	**(18,269,874)**	-
Net assets available for benefits at beginning of year	**18,823,787**	15,723,194
Net assets available for benefits at end of year	**$ -**	$ 18,823,787

See accompanying notes.

HSM Electronic Protection Services, Inc. Pension Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

1. Background and Description of the Plan

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

General

The Plan is a noncontributory, defined benefit pension plan established on June 28, 2004 to provide pension benefits to certain former employees of Honeywell International Inc. (Honeywell) who became employees of HSM Electronic Protection Services, Inc. (HSM). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On January 16, 2007, HSM was acquired by Stanley Black & Decker, Inc. Effective January 15, 2008, HSM's name was changed to Stanley Convergent Security Solutions, Inc. (the Company).

Concurrent with the inception of the Plan on June 28, 2004, the portion of the actuarial present value of accumulated plan benefits and related plan investments attributable to the former Honeywell employees who were covered under Supplement T (the Honeywell Retirement Benefit Plan) to the Honeywell Retirement Earnings Plan were transferred to the Plan.

Effective December 31, 2013, all of the assets and liabilities of the Plan transferred to and merged with the Stanley Black & Decker Pension Plan (Plan Merger). As a result of this Plan Merger, participants covered under the Plan became participants in the Stanley Black & Decker Pension Plan. Notwithstanding the foregoing, a separate benefit formula continues to apply to Plan participants, as do certain other Plan provisions pertaining to benefit determinations.

Benefits

Plan benefits are based on various factors, including length of benefit service and final average earnings, as defined in the Plan. Certain participants accrued benefits under a pension equity formula. Each participant becomes fully vested upon completion of five years of service for vesting, as defined in the Plan document. Participants who accrued benefits under a pension equity formula are fully vested after three years of service.

1. Background and Description of the Plan (continued)

Benefits (continued)

Benefit accruals were frozen under the Plan, effective July 1, 2006, with respect to participants in the Plan, other than participants covered under the Plan pursuant to Supplement A of the Plan (Supplement A Participants). Coverage under the Plan of participants, other than Supplement A participants, is limited to participants who became covered before July 1, 2006. No additional benefits have been earned under the Plan, after June 30, 2006, by participants, other than Supplement A participants.

Benefit accruals were frozen under the Plan, effective March 1, 2007, with respect to Supplement A participants who were covered under the Plan on that date. No additional benefits have been earned under the Plan after February 28, 2007, by Supplement A Participants and no new Supplement A Participants become covered under the Plan after February 28, 2007.

For the 2011 plan year, the Company determined a lump sum benefit payment paid during 2011 was overpaid which resulted in a participant receiving an ineligible benefit payment totaling $73,291. The Company took corrective action to recover the overpayment which resulted in a refund to the Plan in February 2012 of $70,258. The remaining balance of $3,033 was recorded as a receivable to the Plan as of December 31, 2013, which is included in the assets and liabilities transferred with the Plan Merger, and 2012.

During the 2010 plan year, the Company determined certain lump sum benefit payments paid during 2010 were incorrectly calculated which resulted in certain participants receiving payments that were not calculated correctly (Overpayments). The Company made a Voluntary Correction Program (VCP) submission, pursuant to the Employee Plans Compliance Resolution System (EPCRS), to the IRS to correct the Overpayments. The Company estimated the amount of corrective payments due to the Plan as a result of the Overpayments to be $115,396, before adjustment at the Plan's earnings rate. This amount was recorded as a receivable to the Plan as of December 31, 2013, which is included in the assets and liabilities transferred with the Plan Merger, and 2012.

The Plan was made whole for Overpayments, including the $3,033 receivable to the Plan (as noted above), during January 2014, which included the principal amount of the Overpayments, as adjusted for earnings at the Plan's earnings rate.

A Compliance Statement from the IRS with respect to the aforementioned VCP submission addressing the Overpayments was issued on November 18, 2013, and the Company has taken the required corrective action in accordance with this Compliance Statement.

1. Background and Description of the Plan (continued)

Funding Policy

The Company's funding policy is to make periodic contributions to the Plan in amounts not less than the amounts necessary to meet minimum funding requirements under the Employee Retirement Income Security Act of 1974 (ERISA) and not more than the amounts permitted under the Internal Revenue Code (IRC). For 2013 and 2012, the minimum required contributions to the Plan were $0 and $542,175, respectively. The Company made no contributions to the Plan pertaining to 2013. The Company made contributions to the Plan of $1,580,000 pertaining to 2012. The Plan's funding policy provides for payment of normal cost plus amortization of the unfunded actuarial accrued liability over 25 years. The Plan has met the ERISA minimum funding requirements.

Administration

The Plan administrator is Stanley Convergent Security Solutions, Inc.

2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Effective as of December 31, 2012, the Plan's investment consisted of an interest in The Stanley Works Pension Plan Master Trust (SW Master Trust) (Note 9), of which The Bank of New York Mellon was the trustee. The fair value of the Plan's interest in the SW Master Trust was based on the Plan assets held in the SW Master Trust, as adjusted for contributions, investment earnings and losses and actual benefit distributions.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Effective January 1, 2013, the SW Master Trust was amended and renamed the "Stanley Black & Decker, Inc. Pension Master Trust" (SBD Pension Master Trust), of which The Bank of New York Mellon is the trustee.

Marketable securities within the SBD Pension Master Trust (for 2012, the SW Master Trust) are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

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 is 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 includes consideration of non-performance risk including the Plan's own credit risk.

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

2. Significant Accounting Policies (continued)

Fair Value of Investments (continued)

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.

Following is a description of the valuation methodologies used for assets measured at fair value within the SBD Pension Master Trust (for 2012, the SW Master Trust). There have been no changes in the methodologies used at December 31, 2013, with respect to the SBD Pension Master Trust or 2012, with respect to the SW Master Trust.

Short-Term Investments – Level 1 short-term investments are valued at the closing price reported on the active market on which the individual securities are traded. Level 2 short-term investments are valued based on quoted prices for identical or similar assets or liabilities in non-active markets or pricing models for which inputs are observable.

Equity Investments – Level 1 securities are valued at the closing price reported on the active market on which the individual securities are traded. Level 2 securities are valued at the closing price of similar assets in active markets. Level 3 securities consist mainly of limited partnership funds valued based on third party valuations for which significant unobservable inputs are not reasonably available.

Government Securities – Level 1 government securities are valued at the closing price reported on the active market on which the individual securities are traded. Level 2 government securities are valued at the closing price of similar assets in active markets.

Corporate Securities – Level 2 securities are valued at the closing price of similar assets that have recently traded.

2. Significant Accounting Policies (continued)

Benefits

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

Administrative Expenses

To the extent permitted under ERISA, fees for actuarial and auditing expenses and other specified expenses of administration of the Plan are paid from the SBD Pension Master Trust (for 2012, the SW Master Trust), unless paid by the Company.

Adoption of New Accounting Pronouncements

In June 2013, the FASB issued ASU No. 2013-09, "Deferral of the Effective Date of Certain Disclosures for Nonpublic Employee Benefit Plans in Update No. 2011-04", which defers indefinitely certain disclosures about investments held by nonpublic employee benefit plans in their plan sponsors' own nonpublic equity securities. The deferral is effective immediately for all financial statements that were not yet issued as of the date of ASU 2013-09. The adoption of ASU 2013-09 did not have a material impact on the Plan's financial statements.

3. Accumulated Plan Benefits

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

3. Accumulated Plan Benefits (continued)

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

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

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

	January 1,	
	2013	**2012**
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Other participants	**$ 12,453,580**	$ 12,440,747
Participants currently receiving payments	**3,858,413**	2,285,189
Total vested benefits	**16,311,993**	14,725,936
Nonvested benefits	**460,843**	558,817
Total actuarial present value of accumulated plan benefits	**$ 16,772,836**	$ 15,284,753

The following is a reconciliation of present value of accumulated benefits as of January 1, 2013:

Present value of accumulated plan benefits as of January 1, 2012	**$ 15,284,753**
Changes during the period attributable to:	
Decrease in the discount period	**987,211**
Actual benefits paid	**(193,797)**
Actuarial losses	**163,374**
Assumption changes	**531,295**
Net increase	**1,488,083**
Present value of accumulated plan benefits as of January 1, 2013	**$ 16,772,836**

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	6.25% - 2013, 6.50% - 2012
Mortality basis	Static Mortality Table prescribed for funding under Section 430(h)(3)(A) of the Internal Revenue Code for 2013 and 2012.
Employee turnover	It is assumed that there will be no new or rehired employees.
Retirement age	Graduated retirement rates from age 55 through age 69 with 100 percent retired at age 70.

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

4. Investments

The Company maintains the Defined Benefit Plan Master Trust Agreement, dated as of July 1, 2008, between Stanley Black & Decker, Inc. (formerly known as The Stanley Works) and The Bank of New York Mellon (successor by operation of law to Mellon Bank, N.A.), as Master Trustee, for the SBD Pension Master Trust (known prior to January 1, 2013, as the SW Master Trust).

Pursuant to the trust agreement, as of December 31, 2013, the assets of the SBD Pension Master Trust (and for 2012, the SW Master Trust) are held and administered by The Bank of New York Mellon (Trustee). The Trustee holds cash, short-term investments, debt securities, common stocks, mutual funds, 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 related to the SBD Pension Master Trust (for 2012, the SW Master Trust) disclosed in the accompanying financial statements, including investments held at December 31, 2013 and 2012, respectively, net appreciation of assets, interest income and expenses for the years ended December 31, 2013 and 2012, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

4. Investments (continued)

The change in the difference between current value and the cost of investments is reflected as unrealized appreciation or (depreciation) in the aggregate current value of investments. The realized gain or (loss) on investments is the difference between the proceeds received and the average cost of investments sold. The total unrealized appreciation or (depreciation) and the realized gain or (loss) is reflected as net appreciation or (depreciation) of Plan assets within the operating results of the SBD Pension Master Trust (for 2012, the SW Master Trust).

The fair values of individual investments that represent 5% or more of the Plan's assets available for benefits are as follows (Note 9):

	December 31,	
	2013	**2012**
Plan's interest in SBD Pension Master Trust (for 2012, the SW Master Trust)	**$** -	$ 17,502,299

5. Income Tax Status

The Internal Revenue Service has ruled that the form of the Plan is qualified under Section 401(a) of the IRC and therefore is not subject to tax under present income tax law. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. An updated determination letter regarding the Plan was issued by the IRS on August 26, 2011. 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

6. Risks and Uncertainties

The Plan, through its participation in the SBD Pension Master Trust (for 2012, the SW Master Trust), invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

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 limitation (discussed below).

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

e. All non-vested benefits.

7. Plan Termination (continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2013 and 2012, the monthly ceiling was $4,790 and $4,653, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

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. Party-in-Interest Transactions

Effective December 31, 2013, Plan assets include investment in funds held by The Bank of New York Mellon, which serves as the Plan's Trustee under the SBD Pension Master Trust. Effective December 31, 2012, Plan assets included investment in funds held by The Bank of New York Mellon, which served as the Plan's Trustee under the SW Master Trust. The Plan's Trustee 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

For 2013, the Plan's investment consists of an interest in the SBD Pension Master Trust. The SBD Pension Master Trust (in 2012, the SW Master Trust) was created and is maintained for certain employee pension benefit plans sponsored by Stanley Black & Decker, Inc. or a U.S. subsidiary of Stanley Black & Decker, Inc., including the Plan. The Plan's interest in the net assets of the SBD Pension Master Trust (in 2012, the SW Master Trust) was zero, as effective December 31, 2013 all of the assets and liabilities of the Plan transferred to and merged with the Stanley Black & Decker Pension Plan (Note 1). The Plan's interest in the net assets of the SW Master Trust was 12.9%, amounting to $17,502,299 as of December 31, 2012. Investment income and administrative expenses related to the SBD Pension Master Trust (in 2012, the SW Master Trust) are allocated to the individual pension benefit plans based upon average monthly balances invested by each such plan. Effective January 1, 2013, the SBD Pension Master Trust also maintains the assets of the Plan and the following other defined benefit pension plans: Stanley Black & Decker Pension Plan, and Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

9. Investment in Master Trust (continued)

The following is a summary of the financial information and data for the SBD Pension Master Trust (for 2012, the SW 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, 2013	2012
Master trust assets		
Cash	**$ 7,201,751**	$ 100,008
Investments at fair value:		
Short-term investments	**17,097,374**	1,733,035
Equity investments	**396,654,983**	64,045,928
Government securities	**235,975,341**	36,083,307
Corporate securities	**388,523,008**	32,867,794
Total investments at fair value	**1,038,250,706**	134,730,064
Receivables:		
Investment income receivable	**6,135,831**	705,094
Receivable for investments sold	**12,773,696**	149,998
FFX contracts receivable	**10,249,903**	-
Total receivables	**29,159,430**	855,092
Total assets	**1,074,611,887**	135,685,164
Master trust liabilities		
Payable for investments purchased	**11,129,544**	227,301
FFX contracts payable	**10,249,903**	-
Other investment payables	**325,912**	-
Total master trust liabilities	**21,705,359**	227,301
Total SBD Pension Master Trust (SW Master Trust in 2012) net assets	**$1,052,906,528**	$ 135,457,863

9. Investment in Master Trust (continued)

The changes in the assets of the SBD Pension Master Trust (for 2012, the SW Master Trust) are as follows:

	Years Ended December 31, 2013	2012
Additions:		
Investment income:		
Net appreciation of plan assets	**$ 12,562,854**	$ 11,616,959
Dividends on common stock	**4,204,205**	720,600
Interest	**24,512,046**	2,865,738
Total investment gain	**41,279,105**	15,203,297
Employer contributions	**37,120,000**	6,460,000
Transfer from other accounts	**2,592,861**	2,219,468
Total additions	**80,991,966**	23,882,765
Deductions:		
Benefits paid directly to participants	**78,773,535**	10,704,665
Administrative expenses	**5,636,721**	788,465
Total deductions	**84,410,256**	11,493,130
Net (decrease) increase	**(3,418,290)**	12,389,635
Transfers in	**920,866,955**	-
Assets at beginning of year	**135,457,863**	123,068,228
Assets at end of year	**$ 1,052,906,528**	$ 135,457,863

9. Investment in Master Trust (continued)

The SBD Pension Master Trust's investments (for 2012, the SW Master Trust), including those bought, sold and held during the year, appreciated (depreciated) in value as follows:

	December 31,			
	2013		2012	
	Net Appreciation (Depreciation) in Fair Value During the Year	Fair Value at the End of the Year	Net Appreciation in Fair Value During the Year	Fair Value at the End of the Year
Short-term investments	**$ 69,072**	**$ 17,097,374**	$ 533	$ 1,733,035
Equity investments	**79,145,418**	**396,654,983**	8,747,133	64,045,928
Government securities	**(30,591,150)**	**235,975,341**	124,453	36,083,307
Corporate securities	**(36,060,486)**	**388,523,008**	2,744,840	32,867,794
	$ 12,562,854	**$1,038,250,706**	$ 11,616,959	$ 134,730,064

The fair values of individual investments that represent 5% or more of the SBD Pension Master Trust's (in 2012, the SW Master Trust's) assets are as follows:

	December 31,	
	2013	2012
MSCI World Index CTF	**$ 193,094,708**	$ *
Sprucegrove U.S. Global PF	**89,213,276**	*
PIMCO FDS Long Duration Corporate Bond Portfolio	**59,509,361**	*
EuroPacific Growth Fund	*	34,803,829
SSgA S&P 500 Flagship NL Fund	*	23,674,582

*Investment did not exceed 5% of plan assets.

10. Fair Value Measurements

The following tables summarize the fair values and levels within the fair value hierarchy of the Plan investments, which are measured on a recurring basis, for the SBD Pension Master Trust as of December 31, 2013 and for the SW Master Trust as of December 31, 2012:

	Fair Value at December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	**$ 770,234**	**$ 16,327,140**	**$ -**	**$ 17,097,374**
Equity investments	**79,592,177**	**282,307,984**	**34,754,822**	**396,654,983**
Government securities	**222,758,264**	**13,217,077**	**-**	**235,975,341**
Corporate securities	**-**	**388,523,008**	**-**	**388,523,008**
Total investments at fair value	**$303,120,675**	**$ 700,375,209**	**$34,754,822**	**$ 1,038,250,706**

	Fair Value at December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ 1,189,827	$ 543,208	$ -	$ 1,733,035
Equity mutual funds	40,371,346	23,674,582	-	64,045,928
Government securities	33,549,972	2,533,335	-	36,083,307
Corporate securities	-	32,867,794	-	32,867,794
Total investments at fair value	$ 75,111,145	$ 59,618,919	$ -	$ 134,730,064

At December 31, 2013, the SBD Pension 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 were 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 SBD Pension Master Trust's equity holdings were 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.

At December 31, 2012, the SW Master Trust held approximately 51% of its assets in government and corporate debt securities with the remainder allocated between a collective trust invested in the S&P 500 Index, and two mutual funds invested in small cap U.S. equities and international equities, respectively. The debt securities have been split between Levels 1 and 2 based on their perceived liquidity, with U.S. Treasury securities being assigned to Level 1 and corporate debt securities assigned to Level 2. The SW Master Trust's equity holdings have been split between Levels 1 and 2 based on the type of investment vehicle, with publically quoted mutual funds being placed in Level 1 and commingled index fund being placed in Level 2.

10. Fair Value Measurement (continued)

The following table sets forth a summary of changes in the fair value of the Level 3 assets of the SBD Pension Master Trust assets for the year ended December 31, 2013:

	Year Ended December 31, 2013
Balance, beginning of year *	$ 32,619,412
Purchases	3,010,000
Sales	(5,261,594)
Net realized and unrealized appreciation	4,387,004
Balance, end of year	$ 34,754,822

*The beginning of year assets represents the Level 3 investments held under the former Black & Decker Defined Benefit Plan Master Trust during 2012 which transferred into the SBD Pension Master Trust during 2013.

The SBD Pension Master Trust's investments include limited partnership interests, which had an aggregate fair value of $34,754,822 at December 31, 2013. The fair value of these limited partnership interests is determined by the general partners based upon the SBD Pension 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 SBD Pension 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.

10. Fair Value Measurement (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 SBD Pension 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 SBD Pension Master Trust's derivative financial instruments as of December 31, 2013:

	Contractual Amount	Fair Value
Futures contracts *:		
Long (purchased)	$ 45,000,000	$ (103,865)

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

*Contractual amount represents the notional value of the futures.

The following table summarizes the realized and unrealized gain (loss) associated with the SBD Pension Master Trust's derivative financial instruments during the year ended December 31, 2013. These amounts are included in net appreciation on the Statement of Changes in Net Assets Available for Benefits.

	Realized Gain (Loss)	Unrealized Appreciation (Depreciation)	Net Realized and Unrealized Depreciation
Futures contracts:			
Long (purchased)	$ (111,186)	$ (136,335)	$ (247,521)

The SBD Pension Master Trust is exposed to credit-related losses in the event of nonperformance by counterparties to its futures contracts. The SBD Pension Master Trust, through its investment managers, monitors creditworthiness of the counterparties and presently does not expect default by any of the counterparties. The SBD Pension 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, 2013 and September 30, 2014, the date the financial statements were available to be issued.

Effective January 10, 2014, the Plan was made whole for Overpayments (Note 1), which included the principal amount of the Overpayments, as adjusted for earnings at the Plan's earnings rate.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Former Honeywell Retirement Benefit Plan Participants

Effective Date and Most Recent Amendment

The plan was originally effective June 28, 2004. The plan was restated January 1, 2011. The last amendment reflected herein was adopted on November 18, 2011. Eligibility and benefits are frozen.

Eligibility

Employees must satisfy the following criteria:

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

SCHEDULE SB ATTACHMENTS

Normal Retirement

Eligibility	A participant is eligible for normal retirement at his Social Security Normal Retirement Age.
Benefit	The annual normal retirement benefit is the sum of:

(i) 1.0% of Final Average Earnings per year of Credited Service (up to a maximum of 30 years)

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

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

Benefits were frozen on July 1, 2006.

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

Form of Payment

Single employees - Life annuity

Married employees - 100%, 50%, and 75% joint and survivor annuity.

Optional forms of Payment - 5, 10, 15, and 20 years period certain option and income leveling option.

Lump Sum – Available to a small group of grandfathered participants covered under the pension equity formula of the Honeywell Legacy Plan from October 1, 2000 to September 30, 2001.

Actuarial equivalence is based on the 1971 Group Annuity Male Mortality Table, with ages set back one year to provide a unisex table, and with an interest rate of 7 percent.

Deferred Retirement

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

SCHEDULE SB ATTACHMENTS

Early Retirement

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

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

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

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

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

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

Form of Payment — Same as for normal retirement.

Disability Benefit

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

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

SCHEDULE SB ATTACHMENTS

Termination of Employment

Eligibility	A participant with at least 5 years of vesting service whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit.
Benefits	The participant's accrued benefit as of the terminated date under the normal retirement benefit formula is provided.
Commencement Date	If the participant has 5 or more but less than 10 years of vesting service, benefits are deferred to age 65 or normal retirement date. Benefits paid before normal retirement age reduced in the same manner as for early retirement. If the participant has 10 or more years of vesting service, vested benefits are payable as early as age 55, reduced for early commencement in the same manner as early retirement benefits.
Form of Payment	Same as for normal retirement.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefits

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

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

There have been no changes in the principal plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Former Honeywell Protection Services Participants

Effective Date and Most Recent Amendment

The plan was originally effective June 28, 2004. The plan was amended January 1, 2011. The last amendment reflected herein was adopted November 18, 2011. Eligibility and benefits are frozen.

Eligibility

Employees must satisfy the following criteria:

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

SCHEDULE SB ATTACHMENTS

Normal Retirement

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

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

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

Benefits were frozen effective March 1, 2007.

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

Form of Payment

Single employees - Life annuity

Married employees – 100%, 50%, and 75% joint and survivor annuity

Optional form of payment – 10 years period certain

Actuarial equivalence is based on the 1971 Group Annuity Male Mortality Table, with ages set back one year to provide a unisex table, and with an interest rate of 7 percent.

Early Retirement

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

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

Form of Payment — Same as for normal retirement.

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility	After attaining 15 or more years of Credited Service and permanently and totally disabled.
Benefits	The monthly benefit is determined in the same manner as the normal retirement benefit based on projected credited service at retirement as follows:

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

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

Termination of Employment

Eligibility	A participant with at least 5 years of vesting service whose employment is terminated before death or retirement is eligible for a vested deferred retirement benefit.
Benefits	The participant's accrued benefit as of the terminated date under the normal retirement benefit formula is provided.
Commencement Date	Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date.
Form of Payment	Same as for normal retirement.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefits

Eligibility

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

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

or

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

Benefits

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

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

Commencement

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

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

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.

SCHEDULE SB ATTACHMENTS

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

There have been no changes in the principal plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2013

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		8		2		0		0		0		0		0		0		0	
35 - 39	0		14		5		0		0		0		0		0		0		0	
40 - 44	0		23		6		1		0		0		0		0		0		0	
45 - 49	0		48		6		1		6		1		0		0		0		0	
50 - 54	2		56		4		4		1		6		4		0		0		0	
55 - 59	1		34		4		4		5		3		3		3		0		0	
60 - 64	0		13		2		0		2		6		5		13		0		0	
65 - 69	0		3		1		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.94%	1.75%
• Second segment rate	6.15%	4.62%
• Third segment rate	6.76%	5.72%
• Effective interest rate	6.37%	5.05%

Annual rates of increase

Compensation:	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A

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 $132,656 (prior year's actual expenses).

SCHEDULE SB ATTACHMENTS

Mortality

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

Disabled mortality

Revenue Ruling 96-7 post 1994 tables.

Retirement

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

Prior Honeywell Retirement Benefit Plan Participants:

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

Prior Honeywell Protection Services Participants:

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

SCHEDULE SB ATTACHMENTS

Disability rates

The rates at which participants become disabled are shown below:

Prior Honeywell Retirement Benefit Plan Participants:

Percentage becoming disabled during the year

Attained Age	Percentage
<50	0.0000%
55-59	0.0354%
60-64	0.1416%
65+	0.0000%

Prior Honeywell Protection Services Participants:

Percentage becoming disabled during the year

Attained Age	Percentage
25	0.00024%
35	0.00032%
45	0.00080%
55	0.00360%
60	0.00720%

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (not due to disability, retirement, or mortality)

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

Prior Honeywell Retirement Benefit Plan Participants:

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

Prior Honeywell Protection Services Participants:

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

Form of payment

Participants are assumed to elect the life annuity.

SCHEDULE SB ATTACHMENTS

Marriage

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

Prior Honeywell Retirement Benefit Plan Participants

Gender	% Married
Male	85%
Female	85%

Prior Honeywell Protection Services Participants

Gender	% Married
Male	85%
Female	65%

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

Employees

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

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Since the plan has no participants accruing benefits, the target normal cost consists entirely of plan-related expenses.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the grandfathered benefit (including the minimum benefit for certain legacy participants). There are few, if any, participants left eligible for the grandfathered benefit and therefore valuing this benefit would not have a material impact on the valuation results. Towers Watson has reviewed the plan provisions with the plan sponsor 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 2012 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

Employee data, data on persons receive benefits, and data on other participants was supplied by Wells Fargo on behalf of Stanley Black & Decker, Inc., with some input provided by Stanley Black & Decker, Inc.

Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 and the segment interest rate corridors of MAP-21 were applied.
- The required mortality table for healthy participants used to calculate the funding target and target normal cost was updated to include one additional year or projected mortality improvements.
- The expected rate of earnings for purposes of development of the actuarial value of assets was changed from 6.50% to 6.25% for the 2013 plan year to reflect the current asset allocation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The expected rate of earnings for purposes of development of the actuarial value of assets was changed from 6.50% for the 2012 plan year to 6.25% for the 2013 plan year to reflect the current asset allocation.

Plan Name:	HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN:	20-1044950 / 002
Plan Sponsor:	Stanley Convergent Security Solutions, Inc.
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Stanley Convergent Security Solutions, Inc.
EIN/PN	20-1044950/002
Plan Name	HSM Electronic Protection Services, Inc. Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Thomas G. Fields
Enrollment Number	14-05317

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

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

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Age	Retirement Assumption As Fraction Those Attaining Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At Beginning Of Year	Fraction Of Original Group Retireing At Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At End of Year	Ages With Non Zero Retirement Probability	(d) x (f)
55	0.0500	1.0000	0.0500	0.9500	55	2.7500
56	0.0500	0.9500	0.0475	0.9025	56	2.6600
57	0.0500	0.9025	0.0451	0.8574	57	2.5707
58	0.0500	0.8574	0.0429	0.8145	58	2.4882
59	0.0500	0.8145	0.0407	0.7738	59	2.4013
60	0.1000	0.7738	0.0774	0.6964	60	4.6440
61	0.1000	0.6964	0.0696	0.6268	61	4.2456
62	0.2500	0.6268	0.1567	0.4701	62	9.7154
63	0.2000	0.4701	0.0940	0.3761	63	5.9220
64	0.2000	0.3761	0.0752	0.3009	64	4.8128
65	0.4000	0.3009	0.1204	0.1805	65	7.8260
66	0.3000	0.1805	0.0541	0.1264	66	3.5706
67	0.3000	0.1264	0.0379	0.0885	67	2.5393
68	0.3000	0.0885	0.0265	0.0620	68	1.8020
69	0.3000	0.0620	0.0186	0.0434	69	1.2834
70	1.0000	0.0434	0.0434	0.0000	70	3.0380
					Weighted Average Retirement Age, Sum of Column (g):	62.2693

Plan Name: HSM Electronic Protection Services, Inc. Pension Plan
EIN / PN: 20-1044950 / 002
Plan Sponsor: Stanley Convergent Security Solutions, Inc.
Valuation Date: January 1, 2013

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan

HSM ELECTRONIC PROTECTION SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

Stanley Convergent Security Solutions, Inc.

D Employer Identification Number (EIN)

20-1044950

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2 Assets:			
a Market value	2a		18,701,613
b Actuarial value	2b		17,924,651
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	33	3,869,155
b For terminated vested participants	3b	255	4,080,237
c For active participants:			
(1) Non-vested benefits	3c(1)		490,461
(2) Vested benefits	3c(2)		8,068,886
(3) Total active	3c(3)	300	8,559,347
d Total	3d	588	16,508,739
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		6.37 %
6 Target normal cost	6		132,656

Statement by Enrolled Actuary

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

SIGN HERE

Thomas G Fields

Signature of actuary

10/03/2014

Date

Thomas G Fields

Type or print name of actuary

14-05317

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(901) 252-4000

Telephone number (including area code)

3350 Players Club Parkway
Suite 200
Memphis TN 38125-8917

Address of the firm

[ ] actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see
structions

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)	42,316	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	42,316	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.51 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		942,237
	b Interest on (a) using prior year's effective interest rate of 5.65 % except as otherwise provided (see instructions)		56,140
	c Total available at beginning of current plan year to add to prefunding balance		998,377
	d Portion of (c) to be added to prefunding balance		998,377
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	998,377

Part III Funding Percentages

14	Funding target attainment percentage	14	102.52 %
15	Adjusted funding target attainment percentage	15	108.57 %
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	87.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

27 If the plan is subject to 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**	132,656
b Excess assets, if applicable, but not greater than line 31a	**31b**	132,656

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

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**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	