

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>MASTER LOCK PENSION PLAN</u>                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/1959</u></td> </tr> </table>                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>06/01/1959</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                         | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/1959</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>MASTER LOCK COMPANY</u><br><br><u>137 WEST FOREST HILL AVENUE</u><br><u>OAK CREEK, WI 53154-2901</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>39-1142433</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>414-571-5625</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>332510</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>39-1142433</u> | <b>2c</b> Sponsor's telephone number<br><u>414-571-5625</u> | <b>2d</b> Business code (see instructions)<br><u>332510</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>39-1142433</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>414-571-5625</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>332510</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |

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

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

|                                                                                                                                                                                                         |                                                   |            |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                        | Filed with authorized/valid electronic signature. | 10/14/2014 | MATTHEW C LENZ                                                |
|                                                                                                                                                                                                         | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator        |
| <b>SIGN HERE</b>                                                                                                                                                                                        |                                                   |            |                                                               |
|                                                                                                                                                                                                         | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor  |
| <b>SIGN HERE</b>                                                                                                                                                                                        |                                                   |            |                                                               |
|                                                                                                                                                                                                         | 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)<br><br><u>DELOITTE TAX LLP</u><br><br><u>111 S. WACKER DRIVE</u><br><u>CHICAGO, IL 60606</u> |                                                   |            | Preparer's telephone number (optional)<br><u>312-486-1000</u> |

|                                                                                                                                                                                                                   |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 3719                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                            |                                                                                                                                                                  |
| <b>a</b> Active participants .....                                                                                                                                                                                | <b>6a</b> 616                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                               | <b>6b</b> 1715                                                                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b> 1157                                                                                                                                                   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                          | <b>6d</b> 3488                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                        | <b>6e</b> 167                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 3655                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b>                                                                                                                                                        |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> 0                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                               | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H                                             |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                       |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                         |     |
| <b>A</b> Name of plan<br>MASTER LOCK PENSION PLAN                                          | <b>B</b> Three-digit plan number (PN) ▶ | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MASTER LOCK COMPANY       |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>39-1142433                                |                                         |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

(a) Name of insurance carrier  
AETNA LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-6033492 | 60054         | 001473                                | 3655                                                                        | 01/01/2013              | 12/31/2013 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |         |
|---------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 4002846 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |         |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 207790  |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |         |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 470     |
| ▶ ADJUSTMENT                                                                                            |              |         |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 208260  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 4211106 |
| <b>e</b> Deductions:                                                                                    |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 253037  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 48077   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |         |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |         |
| ▶                                                                                                       |              |         |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 301114  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 3909992 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MASTER LOCK PENSION PLAN</u>                                                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MASTER LOCK COMPANY</u>                                    | <b>D</b> Employer Identification Number (EIN)<br><u>39-1142433</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                |
| <b>1</b> Enter the valuation date: Month _____ Day _____ Year _____                                                                                                                                            |                                         |
| <b>2</b> Assets:                                                                                                                                                                                               |                                         |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>208286614</u>              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>204174240</u>              |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>1833</u> <u>118429432</u>  |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>1209</u> <u>39299431</u>   |
| <b>c</b> For active participants:                                                                                                                                                                              |                                         |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>316202</u>              |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>42564086</u>            |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>677</u> <u>42880288</u> |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>3719</u> <u>200609151</u>  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                               |
| <b>b</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..... | <b>4b</b>                               |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.64 %</u>                  |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>3785381</u>                 |

**Statement by Enrolled Actuary**

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

|                                                    |                               |                                        |
|----------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                   |                               | <u>10/02/2014</u>                      |
|                                                    | Signature of actuary          | Date                                   |
| <u>MICHAEL H. FRANTZ</u>                           | Type or print name of actuary | <u>14-05485</u>                        |
|                                                    |                               | Most recent enrollment number          |
| <u>HEWITT ASSOCIATES LLC</u>                       | Firm name                     | <u>847-295-5000</u>                    |
|                                                    |                               | Telephone number (including area code) |
| <u>4 OVERLOOK POINT<br/>LINCOLNSHIRE, IL 60069</u> | Address of the firm           |                                        |

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

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

**Schedule SB (Form 5500) 2013**  
**v. 130118**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 13565559               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 5537940                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 8027619                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.56</u> % .....                                                      |                       | 1168821                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 9196440                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 97.19 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 101.77 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.77 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/10/2014                                                                               | 333000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 333000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 298709 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |        |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |        |
| <b>c</b> 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.23% | 2nd segment:<br>6.51% | 3rd segment:<br>7.16 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 3785381            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 5631351             | 2256059            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 6041440            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 5742731            | 5742731       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 298709             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 298709             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2013</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MASTER LOCK PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MASTER LOCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-1142433</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

36-2723087

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

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

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

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

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

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

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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)

HEWITT ASSOCIATES LLC

36-2235791

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50                         | NONE                                                                                                     | 751559                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NORTHERN TRUST COMPANY

36-1561860

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50                         | NONE                                                                                                     | 60083                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

AETNA LIFE INSURANCE COMPANY

06-6033492

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 23 50                         | NONE                                                                                                     | 52205                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

MCDERMOTT WILL & EMERY LLP

36-1453176

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE                                                                                              | 26110                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GRANT THORNTON LLP

36-6055558

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 16571                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                    |                                                                        |            |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MASTER LOCK PENSION PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                         | <u>002</u> |
|                                                                                                    |                                                                        |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MASTER LOCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>39-1142433</u> |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FORTUNE BRANDS H & S, INC. MRT

**b** Name of sponsor of entity listed in (a): FORTUNE BRANDS HOME & SECURITY, INC.

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>45-3265619-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>217807504</u> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b>                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>MASTER LOCK PENSION PLAN</b>                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>002</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MASTER LOCK COMPANY</b>                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><b>39-1142433</b>                    |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 333000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 204259522             | 217807504       |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 4002846               | 3909992         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 208262368             | 222050496       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 326014 | 131165 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 326014 | 131165 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 207936354 | 221919331 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 333000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 333000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 208260     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 208260    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (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)  |            | 26981891  |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 27523151  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 12384812 |          |
| (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) |          | 12384812 |
| 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) | 862879   |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 292483   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 1155362  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 13540174 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 13982977 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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:

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 25000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> 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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MASTER LOCK PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MASTER LOCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-1142433</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3364868</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>3</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                               | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                   | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 61% Investment-Grade Debt: 23% High-Yield Debt: 1% Real Estate: 5% Other: 10%

**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 AND REPORT OF  
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS  
MASTER LOCK PENSION PLAN  
DECEMBER 31, 2013 AND 2012**

**PLAN NUMBER: 002  
EIN: 39-1142433**

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator  
Master Lock Pension Plan

### **Report on the financial statements**

We were engaged to audit the accompanying financial statements of the Master Lock Pension Plan (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**

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 certified information described in note F, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2013 and 2012, stating that the certified information provided to the Plan administrator 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.

**Supplementary information**

The supplemental schedule of assets (held at end of year) as of December 31, 2013, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on form and content in compliance with DOL rules and regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in note F, 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.



Chicago, Illinois  
October 9, 2014

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2013 and 2012**

|                                                                                        | <u>2013</u>                  | <u>2012</u>                  |
|----------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Assets                                                                                 |                              |                              |
| Investments                                                                            |                              |                              |
| At fair value                                                                          |                              |                              |
| Beneficial interest in Fortune Brands Home<br>& Security, Inc. Master Retirement Trust | \$ 217,807,504               | \$ 204,259,522               |
| At contract value                                                                      |                              |                              |
| Group annuity contract (GAC No. 1473)<br>with Aetna Life Insurance Company             | <u>3,909,992</u>             | <u>4,002,846</u>             |
| Total investments                                                                      | 221,717,496                  | 208,262,368                  |
| Employer contributions receivable                                                      | <u>333,000</u>               | <u>-</u>                     |
| Total assets                                                                           | 222,050,496                  | 208,262,368                  |
| Liabilities                                                                            |                              |                              |
| Accrued administrative expenses                                                        | <u>131,165</u>               | <u>326,014</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                               | <u><u>\$ 221,919,331</u></u> | <u><u>\$ 207,936,354</u></u> |

The accompanying notes are an integral part of these statements.

**Master Lock Pension Plan****PLAN NUMBER: 002, EIN: 39-1142433****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years ended December 31, 2013 and 2012**

|                                                                                            | <u>2013</u>           | <u>2012</u>           |
|--------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Additions                                                                                  |                       |                       |
| Investment income                                                                          |                       |                       |
| Net investment income from Fortune Brands Home<br>& Security, Inc. Master Retirement Trust | \$ 26,981,891         | \$ 26,874,470         |
| Net investment income from Beam Inc.<br>Master Retirement Trust                            | -                     | 15,476                |
| Interest income from group annuity contract                                                | <u>208,260</u>        | <u>222,964</u>        |
| Total investment income                                                                    | 27,190,151            | 27,112,910            |
| Employer contributions                                                                     | <u>333,000</u>        | <u>-</u>              |
| Total net additions                                                                        | 27,523,151            | 27,112,910            |
| Deductions                                                                                 |                       |                       |
| Administrative expenses                                                                    | 1,155,362             | 1,107,195             |
| Benefit payments                                                                           | <u>12,384,812</u>     | <u>12,121,431</u>     |
| Total deductions                                                                           | <u>13,540,174</u>     | <u>13,228,626</u>     |
| NET INCREASE                                                                               | 13,982,977            | 13,884,284            |
| Net assets available for benefits                                                          |                       |                       |
| Beginning of year                                                                          | <u>207,936,354</u>    | <u>194,052,070</u>    |
| End of year                                                                                | <u>\$ 221,919,331</u> | <u>\$ 207,936,354</u> |

The accompanying notes are an integral part of these statements.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2013 and 2012**

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**NOTE A - DESCRIPTION OF PLAN**

The following is a brief description of the Master Lock Pension Plan (the “Plan”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions, which is available from the Plan administrator.

***General***

The Plan is a non-contributory defined benefit plan covering substantially all employees of Master Lock Company (the “Company”) not covered by a collective bargaining agreement, except for certain participants transferred into the Plan from other benefit plans sponsored by the Company. The Company is a subsidiary of Fortune Brands Home & Security, Inc. (“FBHS”).

Employee retirement benefits are based on length of service as well as earnings prior to retirement. An employee shall become eligible for participation in the Plan when the individual has completed at least 1,000 hours of service in a 12-month anniversary period. Effective January 1, 2008, the Plan closed to new entrants with the exception of special rules that apply to certain transferred employees as outlined in the Plan document. During 2011 the Company announced that benefit service and accruals will freeze on December 31, 2016 for salaried participants, including Waterloo Industries, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

***Pension Benefits***

Employees become fully vested after five years of vesting service. Participants are eligible for monthly pension benefit payments beginning at the normal retirement age (the later of age 65 or after five years of vesting service in the Plan if their employment is terminated with all FBHS entities). Benefits are calculated according to an integrated benefit formula based upon total years and months of credited service multiplied by a percentage of final average monthly earnings.

The normal form of pension benefit for a participant with no eligible spouse is an annuity payable for the participant’s lifetime only. The normal form of pension benefit for a participant with an eligible spouse is an annuity payable at an actuarially reduced amount for the participant’s lifetime and, thereafter, at a specific percentage of such amount for the eligible spouse’s lifetime.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE A - DESCRIPTION OF PLAN - Continued**

***Pension Benefits - Continued***

A participant may elect to modify the normal form of pension benefit by exercising one of several options, including a single-life annuity, various joint and survivor annuities or various period-certain annuity options. Reduced benefits are payable upon early retirement after attaining age 55 with a minimum of five years of vesting service.

The Plan also provides for disability and deferred pension benefits. A participant is considered disabled as long as he or she meets the definition of totally and permanently disabled in the plan.

A participant is eligible for a deferred vested pension if his or her employment is terminated with the Company before death or retirement after completing at least five years of vesting service.

***Contributions***

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The minimum funding requirements of ERISA were satisfied in 2013 and 2012.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan's provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, participants will become fully vested in their benefits and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. In addition, the Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits for beneficiaries and vested participants under the Plan if the Plan terminates.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the termination date to provide these benefits and may also depend on financial condition of the Plan Sponsor and on the level of benefits guaranteed by the PBGC.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation***

The Plan's investments are reflected at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the principal or most advantageous market for the asset or liability. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk.

The Plan's management established a three-tiered hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including:

1. Quoted prices for similar assets or liabilities in active markets.
2. Quoted prices for identical or similar assets or liabilities in inactive markets.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

***Investment Valuation - Continued***

3. Inputs other than quoted prices that are observable for the assets or liabilities (including volatilities).
4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs are unobservable for the asset or liability (including the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability) and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investment assets are held in the Fortune Brands Home & Security, Inc. Master Retirement Trust ("FBHS Master Trust"), along with the investment assets of two other plans sponsored by subsidiaries of FBHS. The Plan's investment in the FBHS Master Trust as of December 31, 2013 and 2012 is presented at fair value, which has been determined based on the fair value of the underlying investments of the FBHS Master Trust.

Plan management uses the following methods and significant assumptions to estimate fair value of investments in the FBHS Master Trust as of December 31, 2013 and 2012. There have been no changes in the methodologies used at December 31, 2013 and 2012.

The investments held by the FBHS Master Trust are valued as follows:

Collective funds: Valued at the net asset value ("NAV") of units of each bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that a fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of a collective trust, the investment advisor generally reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

***Investment Valuation - Continued***

Partnership/joint venture interests: Valued at the NAV as reported to the Plan from the respective partnership, or joint venture's manager. The NAV is used as a practical expedient to estimate fair value and generally equals the Plan's capital account balance in the entity that is calculated based on the Plan's share of the total entity's net assets at fair value.

Group annuity contract: Valued at contract value, representing contributions and investment return as determined in accordance with the contract, less funds used to pay benefits and administrative expenses charged.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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 different fair value measurement at the reporting date.

See Note D - Investment in FBHS Master Trust and Beam Master Trust for the investments held by the FBHS Master Trust by level within the fair value hierarchy as of December 31, 2013 and 2012.

The investments held outside the FBHS Master Trust are valued as follows:

Group annuity contract: Valued at contract value, representing contributions and investment return as determined in accordance with the contract, less funds used to pay benefits and administrative expenses charged. (See Note E)

During 2012 a portion of the Plan's assets were still held in a pool of investments known as the Beam Inc. Master Retirement Trust (the "Beam Master Trust"). The Plan's assets had been held in the Beam Master Trust until 2011, when the Plan's investments were transferred in-kind from the Beam Master Trust to the FBHS Master Trust. Certain Plan assets, however, remained in the Beam Master Trust until it was administratively feasible to transfer them to the FBHS Master Trust throughout 2012.

Purchases and sales of securities by the FBHS Master Trust or the Beam Master Trust and purchases and sales of the group annuity contract are reflected on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest and other income are recorded as earned on an accrual basis.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

***Investment Valuation - Continued***

In accordance with the policy of stating investments at fair value, the Plan's portion of net appreciation/(depreciation) in the fair value of the investments in the FBHS Master Trust or Beam Master Trust consists of realized gains and losses and unrealized appreciation/(depreciation) on those investments. The net appreciation/(depreciation) of the respective master trust, along with interest, dividend and other income, net of master trust expenses are presented in the accompanying statements of changes in net assets available for benefits as net investment income from Fortune Brands Home & Security, Inc. Master Retirement Trust for the years ended December 31, 2013 and 2012 and as net investment income from Beam Inc. Master Retirement Trust for the year ended December 31, 2012.

***Payment of Benefits***

Benefit payments to participants are recorded when paid.

***Administrative Expenses***

The Plan provides for payment of certain administrative expenses from Plan assets. Expenses paid to the Trustee and the investment managers are allocated to the Plan based on the ratio of the Plan's assets to the fair value of all assets held in either the FBHS Master Trust or the Beam Master Trust and are included in the accompanying statements of changes in net assets available for benefits in net investment income from Fortune Brands Home & Security, Inc. Master Retirement Trust for the years ended December 31, 2013 and 2012 and in net investment income from Beam Inc. Master Retirement Trust for the year ended December 31, 2012. Expenses paid to the PBGC, the actuary and other various Plan-related expenses that may be incurred are allocated specifically to each plan and are presented in the accompanying statements of changes in net assets available for benefits as administrative expenses.

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**NOTE C - TAX STATUS**

The Plan obtained its latest determination letter on July 19, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter and in early 2014 requested its own determination letter, but has not yet received a response as of the date of this report. However, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE C - TAX STATUS - Continued**

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

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**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**

The FBHS Master Trust and Beam Master Trust investments are stated at fair value as reported by The Northern Trust Company (the "Trustee") and management. The ratio of the Plan's assets to the fair value of all assets held in the respective master trust is used to allocate interest income, dividend income, other income, realized gains (losses) and unrealized appreciation (depreciation) in the market value of investments and certain investment management fees on a monthly basis. Other changes in net assets available for Plan benefits are directly attributable to the Plan and are, therefore, not subject to allocation.

***FBHS Master Trust***

Total net assets available for benefits shared proportionately by respective plans of the FBHS Master Trust, in which the Plan has an interest of 37.98% and 38.80% at December 31, 2013 and 2012, respectively, are summarized as follows:

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**  
**- Continued**

***FBHS Master Trust - continued***

|                                                                     | 2013                 | 2012                 |
|---------------------------------------------------------------------|----------------------|----------------------|
| Assets                                                              |                      |                      |
| Interest and dividends receivable                                   | \$ 73,692            | \$ 85,048            |
| Due from broker for securities sold                                 | 28,333               | 29,810               |
| Investments, at fair value                                          |                      |                      |
| Collective funds                                                    | 542,098,490          | 497,410,073          |
| Partnership/joint venture interests                                 | 20,456,904           | 18,776,829           |
| Investments, at contract value                                      |                      |                      |
| Cigna Group Annuity Contract                                        | <u>17,323,707</u>    | <u>16,637,000</u>    |
| Total investments                                                   | <u>579,879,101</u>   | <u>532,823,902</u>   |
| Total assets                                                        | 579,981,126          | 532,938,760          |
| Liabilities                                                         |                      |                      |
| Due to broker for securities purchased                              | 101,882              | 114,457              |
| Accrued investment management fees                                  | <u>4,498</u>         | <u>62,490</u>        |
| Total net assets of the FBHS Master Trust<br>available for benefits | <u>\$579,874,746</u> | <u>\$532,761,813</u> |

The net appreciation in fair value of investments, interest income, other income and investment management fees related to the FBHS Master Trust for the years ended December 31, 2013 and 2012, are as follows:

|                                                                           | 2013                | 2012                |
|---------------------------------------------------------------------------|---------------------|---------------------|
| Net appreciation in fair value                                            |                     |                     |
| Collective funds                                                          | \$75,226,016        | \$64,515,410        |
| Partnership/joint venture interests                                       | <u>1,680,075</u>    | <u>1,273,782</u>    |
| Net appreciation in fair value of investments<br>of the FBHS Master Trust | 76,906,091          | 65,789,192          |
| Interest income                                                           | 743,223             | 804,614             |
| Other income                                                              | 1,272,912           | 1,166,748           |
| Investment management fees                                                | <u>(317,536)</u>    | <u>(861,098)</u>    |
| Net investment income of the<br>FBHS Master Trust                         | <u>\$78,604,690</u> | <u>\$66,899,456</u> |

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**  
**- Continued**

***FBHS Master Trust - continued***

The following tables present the FBHS Master Trust's investments by level within the fair value hierarchy as of December 31:

| 2013                                   |         |                |               |                |
|----------------------------------------|---------|----------------|---------------|----------------|
|                                        | Level 1 | Level 2        | Level 3       | Total          |
| Collective funds:                      |         |                |               |                |
| U.S. equity (a)                        | -       | 149,180,552    | -             | 149,180,552    |
| International equity (b)               | -       | 129,468,279    | -             | 129,468,279    |
| Fixed income (c)                       | -       | 232,641,726    | -             | 232,641,726    |
| Real estate (d)                        | -       | -              | 22,773,096    | 22,773,096     |
| Cash equivalents (e)                   | -       | 8,034,837      | -             | 8,034,837      |
| Partnership / joint venture interest:  |         |                |               |                |
| Multi-strategy fund of hedge funds (f) | -       | -              | 20,456,904    | 20,456,904     |
| Total investments at fair value        | \$ -    | \$ 519,325,394 | \$ 43,230,000 | \$ 562,555,394 |

| 2012                                   |         |                |               |                |
|----------------------------------------|---------|----------------|---------------|----------------|
|                                        | Level 1 | Level 2        | Level 3       | Total          |
| Collective funds:                      |         |                |               |                |
| U.S. equity (a)                        | -       | 178,719,974    | -             | 178,719,974    |
| International equity (b)               | -       | 152,750,753    | -             | 152,750,753    |
| Fixed income (c)                       | -       | 135,236,113    | -             | 135,236,113    |
| Real estate (d)                        | -       | -              | 24,351,410    | 24,351,410     |
| Cash equivalents (e)                   | -       | 6,351,823      | -             | 6,351,823      |
| Partnership / joint venture interest:  |         |                |               |                |
| Multi-strategy fund of hedge funds (f) | -       | -              | 18,776,829    | 18,776,829     |
| Total investments at fair value        | \$ -    | \$ 473,058,663 | \$ 43,128,239 | \$ 516,186,902 |

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**  
**- Continued**

***FBHS Master Trust - continued***

Certain investments at December 31, 2013 and 2012 are valued at the NAV as provided by the fund administrator. The following provides additional information regarding their investment strategy and redemption restrictions, if any.

- (a) These funds invest in various United States common stocks, other equity securities or an index based collective investment fund. The investment objective is to either replicate the total return of the S&P 500 Index or to achieve long-term growth of capital. All of the funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.
- (b) These funds invest in various non-United States common stocks and other equity securities. Their investment objective is to achieve long-term growth of capital and to achieve total returns comparable to or superior to broad measures of the international stock markets. All of the funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.
- (c) These funds invest in a diversified portfolio of fixed-income securities with maturities not more than 10 years. Their investment objective is to achieve a total return from current income and capital appreciations and to achieve total returns comparable or superior to broad measures of the domestic investment grade credit bond market. The funds are subject to a 20% limitation on securities issued by non-United States issuers. The funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.
- (d) This fund is a core real estate fund that includes residential, office, and industrial properties balanced across industries and regions of the United States. Liquidity is gated and subject to approval from the fund's manager.
- (e) The investment strategy of this fund is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Redemption is permitted daily.
- (f) This fund is a multi-strategy fund of hedge funds investing in multiple strategies and asset classes to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**  
**- Continued**

***FBHS Master Trust - continued***

The following tables include a summary of changes in the fair value of the FBHS Master Trust's Level 3 investments for the years ended December 31, 2013 and 2012:

|                                               | Partnership/joint venture<br>interest - multi-strategy<br>fund of hedge funds | Collective funds -<br>real estate |
|-----------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|
| Beginning balance                             | \$ 18,776,829                                                                 | \$ 24,351,410                     |
| Sales                                         | -                                                                             | (5,243,459)                       |
| Reinvested distributions                      | -                                                                             | 1,272,847                         |
| Net appreciation (depreciation) in fair value | <u>1,680,075</u>                                                              | <u>2,392,298</u>                  |
| Ending balance at December 31, 2013           | <u>\$ 20,456,904</u>                                                          | <u>\$ 22,773,096</u>              |

|                                               | Partnership/joint venture<br>interest - multi-strategy<br>fund of hedge funds | Collective funds -<br>real estate |
|-----------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|
| Beginning balance                             | \$ 17,503,044                                                                 | \$ 21,877,290                     |
| Sales                                         | -                                                                             | (181,772)                         |
| Reinvested distributions                      | -                                                                             | 1,166,748                         |
| Net appreciation (depreciation) in fair value | <u>1,273,785</u>                                                              | <u>1,489,144</u>                  |
| Ending balance at December 31, 2012           | <u>\$ 18,776,829</u>                                                          | <u>\$ 24,351,410</u>              |

Management reviews the Level 3 funds' valuation policies, audited financial statements, and underlying investments (where possible) to ensure the fair value reporting of assets.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST**  
**- Continued**

***Beam Master Trust***

The net appreciation in fair value of investments, interest income, dividend income, other income and investment management fees related to the Beam Master Trust for the year ended December 31, 2012, are as follows:

|                                                                           |                     |
|---------------------------------------------------------------------------|---------------------|
| Net appreciation in fair value                                            |                     |
| Collective funds                                                          | \$ 35,549,686       |
| Stocks                                                                    | 133,578             |
| Partnership/joint venture interests                                       | 659,414             |
| Foreign bonds, municipal bonds, and other                                 | <u>5,197</u>        |
| Net appreciation in fair value of investments<br>of the Beam Master Trust | 36,347,875          |
| Interest income                                                           | 7,218               |
| Dividend income                                                           | 5,477               |
| Other income                                                              | 605,849             |
| Investment management fees                                                | <u>(506,644)</u>    |
| Net investment income of the Beam Master<br>Trust                         | <u>\$36,459,775</u> |

The following table includes a summary of changes in the fair value of the Beam Master Trust's Level 3 investments for the year ended December 31, 2012:

|                                               | Partnership/joint venture<br>interest - multi-strategy<br>fund of hedge funds | Collective funds -<br>real estate |
|-----------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|
| Beginning balance at December 31, 2011        | \$ 9,060,993                                                                  | \$ 11,325,439                     |
| Reinvested distributions                      | -                                                                             | 605,849                           |
| Net appreciation (depreciation) in fair value | <u>659,414</u>                                                                | <u>766,389</u>                    |
| Ending balance at December 31, 2012           | <u>\$ 9,720,407</u>                                                           | <u>\$ 12,697,677</u>              |

**Master Lock Pension Plan**

**PLAN NUMBER: 002, EIN: 39-1142433**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2013 and 2012**

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**NOTE E - CONTRACT WITH INSURANCE COMPANY**

The Plan invests in an immediate participation guaranteed contract with Aetna Life Insurance Company ("Aetna"). The contract is stated at the contract value as determined by Aetna. The average effective rate for the years ended December 31, 2013 and 2012 was 5.42% and 5.67%, respectively.

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**NOTE F - INFORMATION CERTIFIED BY TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as indicated below, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- The Trustee certifies Beneficial Interest in Fortune Brands Home & Security, Inc. Master Retirement Trust and Group Annuity Contract (GAC No. 1473) as shown in the statements of net assets available for benefits as of December 31, 2013 and 2012.
- The Trustee certifies Net Investment Income from Fortune Brands Home & Security, Inc. Master Retirement Trust and Interest Income from Group Annuity Contract, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012 and Net Investment Income from Beam Inc. Master Retirement Trust as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2012.
- The Trustee certifies Note D - Net assets and net investment income in FBHS Master Trust as of and for the years ended December 31, 2013 and 2012, and net investment income in Beam Master Trust for the year ended December 31, 2012, except for accrued investment management fees and investment management fees.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

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**NOTE G- ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Accumulated Plan benefits as of December 31, 2012, are as follows:

Actuarial present value of accumulated Plan benefits

Vested benefits

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$109,972,268     |
| Other participants                        | <u>74,088,370</u> |

|                       |             |
|-----------------------|-------------|
| Total vested benefits | 184,060,638 |
|-----------------------|-------------|

|                     |                |
|---------------------|----------------|
| Non-vested benefits | <u>304,707</u> |
|---------------------|----------------|

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Total actuarial present value of accumulated Plan benefits | <u>\$184,365,345</u> |
|------------------------------------------------------------|----------------------|

Changes in the present value of accumulated Plan benefits for the year ended December 31, 2012, were as follows:

|                                                               |               |
|---------------------------------------------------------------|---------------|
| Present value of accumulated Plan benefits, December 31, 2011 | \$191,520,989 |
|---------------------------------------------------------------|---------------|

Increase (decrease) during the year attributable to

|                                  |                  |
|----------------------------------|------------------|
| Interest accumulation            | 12,896,564       |
| Benefits paid                    | (12,121,431)     |
| Changes in actuarial assumptions | (9,785,679)      |
| Other changes                    | <u>1,854,902</u> |

|                                                               |                      |
|---------------------------------------------------------------|----------------------|
| Present value of accumulated Plan benefits, December 31, 2012 | <u>\$184,365,345</u> |
|---------------------------------------------------------------|----------------------|

The mortality assumption for healthy and disabled lives changed from the 2012 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e) to the 2013 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e).

**Master Lock Pension Plan**  
**PLAN NUMBER: 002, EIN: 39-1142433**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2013 and 2012**

---

**NOTE G - ACCUMULATED PLAN BENEFITS – Continued**

The significant actuarial assumptions used in the valuations as of December 31, 2012, were as follows:

|                                     |                                                                                                                                            |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Life expectancy of the participants | 2013 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e) for healthy and disabled lives                         |
| Retirement age assumptions          | The age at which current active employees are assumed to retire varies between ages 55 and 70. All employees age 70 are assumed to retire. |
| Discount rate                       | 7.50% (2011 – 6.95%)                                                                                                                       |

The foregoing 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.

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**NOTE H - RISKS AND UNCERTAINTIES**

The Plan holds a beneficial interest in the FBHS Master Trust and a group annuity contract and held a beneficial interest in the Beam Master Trust. The FBHS Master Trust, Beam Master Trust, and group annuity contract invest 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 reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Master Lock Pension Plan**

**PLAN NUMBER: 002, EIN: 39-1142433**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2013 and 2012**

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**NOTE I - RELATED-PARTY TRANSACTIONS**

Certain Plan investments are collective trusts managed by The Northern Trust Company and Aon Hewitt. The Northern Trust Company is the Trustee as defined by the Plan, Aon Hewitt is the Plan's actuary and, therefore, these transactions qualify as party-in-interest transactions during the years ended December 31, 2013 and 2012.

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**NOTE J – SUBSEQUENT EVENT**

Management of the Plan has evaluated subsequent events from December 31, 2013 through October 9, 2014, the date these financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

## SUPPLEMENTAL SCHEDULE

**Master Lock Pension Plan****PLAN NUMBER: 002, EIN: 39-1142433****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****December 31, 2013**

| <hr/> |                                                                 |                                                                                                                  |                            |                            |
|-------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| (a)   | (b)<br>Identity of issuer, borrower,<br>lessor or similar party | (c)                                                                                                              | (d)<br>Cost                | (e)<br>Current<br>value    |
|       |                                                                 | Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value |                            |                            |
|       | Aetna Life Insurance Company                                    | Group annuity contract<br>(GAC No. 1473)                                                                         | <u>\$ 3,909,992</u>        | <u>\$ 3,909,992</u>        |
|       | Total investments                                               |                                                                                                                  | <u><u>\$ 3,909,992</u></u> | <u><u>\$ 3,909,992</u></u> |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

**The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE’s Independent Qualified Public Accountant (IQPA).**

| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

**The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE’s Independent Qualified Public Accountant (IQPA).**

| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                                                         |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>MASTER LOCK PENSION PLAN                                                                                                   | <b>B</b> Three-digit plan number (PN) ► <u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>MASTER LOCK COMPANY                                                     | <b>D</b> Employer Identification Number (EIN)<br><br>39-1142433 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |

|                                                                                                                                                                                                         |              |                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |              |                            |                    |
| 1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>                                                                                                                                |              |                            |                    |
| 2 Assets:                                                                                                                                                                                               |              |                            |                    |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>    | 208,286,614                |                    |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>    | 204,174,240                |                    |
| 3 Funding target/participant count breakdown:                                                                                                                                                           |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>    | 1,833                      | 118,429,432        |
| b For terminated vested participants.....                                                                                                                                                               | <b>3b</b>    | 1,209                      | 39,299,431         |
| c For active participants:                                                                                                                                                                              |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> |                            | 316,202            |
| (2) Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> |                            | 42,564,086         |
| (3) Total active.....                                                                                                                                                                                   | <b>3c(3)</b> | 677                        | 42,880,288         |
| d Total.....                                                                                                                                                                                            | <b>3d</b>    | 3,719                      | 200,609,151        |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>    |                            |                    |
| 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..... | <b>4b</b>    |                            |                    |
| 5 Effective interest rate .....                                                                                                                                                                         | <b>5</b>     | 6.64 %                     |                    |
| 6 Target normal cost .....                                                                                                                                                                              | <b>6</b>     | 3,785,381                  |                    |

**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.

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <div style="text-align: center;"> <br/>         Signature of actuary       </div> <div style="text-align: center;">         MICHAEL H. FRANTZ<br/>         Type or print name of actuary       </div> <div style="text-align: center;">         HEWITT ASSOCIATES LLC<br/>         Firm name       </div> <div style="text-align: center;">         4 Overlook Point<br/>         LINCOLNSHIRE IL 60069<br/>         Address of the firm       </div> | <div style="text-align: center;"> <u>10/02/2014</u><br/>         Date       </div> <div style="text-align: center;"> <u>14-05485</u><br/>         Most recent enrollment number       </div> <div style="text-align: center;"> <u>(847) 295-5000</u><br/>         Telephone number (including area code)       </div> |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                            | 0                     | 13,565,559             |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                         | 0                     | 5,537,940              |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                               | 0                     | 8,027,619              |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>14.56</u> % .....                                                                |                       | 1,168,821              |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                       |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 0                      |
|                                                                    | <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 0                      |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                    | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                         | 0                     | 9,196,440              |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  | 14 | 15 | 16       | 17 |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----------|----|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       |    |    | 97.19 %  |    |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              |    |    | 101.77 % |    |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... |    |    | 97.77 %  |    |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        |    |    |          | %  |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/10/2014                                                                               | 333,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 333,000                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          | 0                                 | 0                               |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 298,709 |

**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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|----|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |    |
| <b>a</b> Segment rates:                                                                                                                                                                      |                        |                        |                                                     |    |
| 1st segment:<br>5.23 %                                                                                                                                                                       | 2nd segment:<br>6.51 % | 3rd segment:<br>7.16 % | <input type="checkbox"/> N/A, full yield curve used |    |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b>                                          | 4  |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b>                                           | 62 |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |    |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |  |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |  |                     |                    |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |  | <b>31a</b>          | 3,785,381          |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |  | <b>31b</b>          | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 |  | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |  | 5,631,351           | 2,256,059          |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |  | 0                   | 0                  |
| <b>33</b> 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 ..... |  | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |  | <b>34</b>           | 6,041,440          |
|                                                                                                                                                                                      |  | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |  | 0                   | 5,742,731          |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |  | <b>36</b>           | 298,709            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |  | <b>37</b>           | 298,709            |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |  | <b>38a</b>          | 0                  |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |  | <b>38b</b>          | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |  | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |  | <b>40</b>           | 0                  |

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

|                                                                                                                                                                                                          |  |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                          |  |           |  |
| <b>a</b> Schedule elected ..... <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                |  |           |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |           |  |
| <b>42</b> Amount of acceleration adjustment .....                                                                                                                                                        |  | <b>42</b> |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                                                                                                           |  | <b>43</b> |  |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and  
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 24, 2013. The AFTAP was revised and reissued September 15, 2014 to reflect the Highway and Transportation Funding Act of 2014 (HATFA). The inputs used in each certification are outlined below:

|                                    | <b>9/24/2013<br/>Certification</b> | <b>9/15/2014<br/>Certification</b> |
|------------------------------------|------------------------------------|------------------------------------|
| Funding Target                     | \$ 208,071,192                     | \$ 200,609,151                     |
| Value of Plan Assets               | \$ 204,174,240                     | \$ 204,174,240                     |
| Funding Standard Carryover Balance | \$ 0                               | \$ N/A                             |
| Prefunding Balance                 | \$ 9,196,440                       | \$ N/A                             |
| Annuities Purchased for NHCE's     | \$ 0                               | \$ 0                               |
| Security Posted                    | \$ 0                               | \$ 0                               |
| Certified AFTAP                    | 93.70%                             | 101.77%                            |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

| <b>Date</b>        | <b>Amount</b>  | <b>Days to<br/>Discount to<br/>1/1/2013 at<br/>6.64%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|----------------|----------------------------------------------------------|-----------------------------------------------|
| September 10, 2014 | <u>333,000</u> | 617                                                      | <u>298,709</u>                                |
| Total Contribution | \$ 333,000     |                                                          | \$ 298,709                                    |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

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

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

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55.5             | 5.00%   | 1.0000 | 2.78                       |
| 56.5             | 3.00%   | 0.9500 | 1.61                       |
| 57.5             | 3.00%   | 0.9215 | 1.59                       |
| 58.5             | 3.00%   | 0.8939 | 1.57                       |
| 59.5             | 5.00%   | 0.8670 | 2.58                       |
| 60.5             | 15.00%  | 0.8237 | 7.47                       |
| 61.5             | 20.00%  | 0.7001 | 8.61                       |
| 62.5             | 40.00%  | 0.5601 | 14.00                      |
| 63.5             | 30.00%  | 0.3361 | 6.40                       |
| 64.5             | 25.00%  | 0.2352 | 3.79                       |
| 65.5             | 50.00%  | 0.1764 | 5.78                       |
| 66.5             | 15.00%  | 0.0882 | 0.88                       |
| 67.5             | 15.00%  | 0.0750 | 0.76                       |
| 68.5             | 15.00%  | 0.0637 | 0.65                       |
| 69.5             | 15.00%  | 0.0542 | 0.56                       |
| 70               | 100.00% | 0.0460 | 3.22                       |
| Weighted Average |         |        | 62.25                      |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

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

|                                                |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA |
| 1st Segment Rate                               | 5.23%                                                                                                                                                                   |
| 2nd Segment Rate                               | 6.51%                                                                                                                                                                   |
| 3rd Segment Rate                               | 7.16%                                                                                                                                                                   |
| Salary Increases                               |                                                                                                                                                                         |
| Minimum Funding Target Normal Cost             | 2.50%                                                                                                                                                                   |
| Social Security Wage Base Increases            | Future wage indices are based on a national wage increase of 4.00% per year                                                                                             |
| Social Security COLA Increases                 | 3.50%                                                                                                                                                                   |
| Optional Payment Form Election Percentage      | 100% elect the normal form of payment of a life annuity                                                                                                                 |
| Optional Payment Form Conversion Interest Rate | N/A                                                                                                                                                                     |
| Optional Payment Form Conversion Mortality     | N/A                                                                                                                                                                     |
| Retirement Age                                 |                                                                                                                                                                         |
| Active Participants                            | See Table 1                                                                                                                                                             |
| Terminated Vested Participants                 |                                                                                                                                                                         |
| Master Lock Hourly and Salaried                | Age 61                                                                                                                                                                  |
| Waterloo Hourly                                | Age 62                                                                                                                                                                  |
| Waterloo Salaried                              | Age 60                                                                                                                                                                  |
| Mortality Rates                                |                                                                                                                                                                         |
| Healthy and Disabled                           | 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)                                                                                     |
| Withdrawal Rates                               | See Tables 2–3                                                                                                                                                          |
| Disability Rates                               | See Table 4                                                                                                                                                             |
| Decrement Timing                               | Middle of year decrements, with 100% retirement occurring at beginning of year                                                                                          |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Valuation Compensation                        | 2012 pensionable earnings rolled forward one year with the salary increase assumption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2011 Plan Year                                | 8.50%, limited to 6.46%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2012 Plan Year                                | 7.20%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | The current year's expense load is based on prior year's expenses (\$1,453,647 for 2013).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | January 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 3.00%              |
| 57                | 3.00%              |
| 58                | 3.00%              |
| 59                | 5.00%              |
| 60                | 15.00%             |
| 61                | 20.00%             |
| 62                | 40.00%             |
| 63                | 30.00%             |
| 64                | 25.00%             |
| 65                | 50.00%             |
| 66                | 15.00%             |
| 67                | 15.00%             |
| 68                | 15.00%             |
| 69                | 15.00%             |
| 70+               | 100.00%            |

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**Withdrawal Rates—Master Lock Hourly**

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5+     |
| 18  | 12.00%           | 12.00% | 12.00% | 12.00% | 12.00% | 12.00% |
| 19  | 12.00%           | 12.00% | 12.00% | 12.00% | 12.00% | 12.00% |
| 20  | 12.00%           | 12.00% | 12.00% | 12.00% | 12.00% | 12.00% |
| 21  | 12.00%           | 12.00% | 12.00% | 12.00% | 12.00% | 12.00% |
| 22  | 11.30%           | 11.30% | 11.30% | 11.30% | 11.30% | 11.30% |
| 23  | 10.80%           | 10.80% | 10.80% | 10.80% | 10.80% | 10.80% |
| 24  | 10.00%           | 10.00% | 10.00% | 10.00% | 10.00% | 10.00% |
| 25  | 9.50%            | 9.50%  | 9.50%  | 9.50%  | 9.50%  | 9.50%  |
| 26  | 9.00%            | 9.00%  | 9.00%  | 9.00%  | 9.00%  | 9.00%  |
| 27  | 8.30%            | 8.30%  | 8.30%  | 8.30%  | 8.30%  | 8.30%  |
| 28  | 7.80%            | 7.80%  | 7.80%  | 7.80%  | 7.80%  | 7.80%  |
| 29  | 7.30%            | 7.30%  | 7.30%  | 7.30%  | 7.30%  | 7.30%  |
| 30  | 7.30%            | 7.00%  | 7.00%  | 7.00%  | 7.00%  | 7.00%  |
| 31  | 7.30%            | 7.00%  | 6.50%  | 6.50%  | 6.50%  | 6.50%  |
| 32  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 6.00%  |
| 33  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 5.50%  |
| 34  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 5.30%  |
| 35  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 4.80%  |
| 36  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 4.50%  |
| 37  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 4.30%  |
| 38  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 4.00%  |
| 39  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 3.80%  |
| 40  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 3.50%  |
| 41  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 3.30%  |
| 42  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 3.00%  |
| 43  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 3.00%  |
| 44  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 2.80%  |
| 45  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 2.80%  |
| 46  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 2.50%  |
| 47  | 7.30%            | 7.00%  | 6.50%  | 6.30%  | 6.00%  | 2.50%  |

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**Withdrawal Rates—Master Lock Hourly**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 48         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 49         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 50         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 51         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 52         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 53         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 54         | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |
| 55+        | 7.30%                   | 7.00%    | 6.50%    | 6.30%    | 6.00%    | 2.50%     |

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**Withdrawal Rates—Master Lock Salaried and Waterloo**

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5+     |
| 18  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 19  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 20  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 15.00% |
| 21  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 15.00% |
| 22  | 16.70%           | 16.70% | 16.70% | 16.70% | 16.70% | 15.00% |
| 23  | 15.80%           | 15.80% | 15.80% | 15.80% | 15.80% | 15.00% |
| 24  | 15.10%           | 15.10% | 15.10% | 15.10% | 15.10% | 15.00% |
| 25  | 14.30%           | 14.30% | 14.30% | 14.30% | 14.30% | 12.50% |
| 26  | 13.60%           | 13.60% | 13.60% | 13.60% | 13.60% | 12.50% |
| 27  | 12.80%           | 12.80% | 12.80% | 12.80% | 12.80% | 12.50% |
| 28  | 12.70%           | 12.10% | 12.10% | 12.10% | 12.10% | 12.50% |
| 29  | 12.70%           | 11.90% | 11.50% | 11.50% | 11.50% | 12.50% |
| 30  | 12.70%           | 11.90% | 11.00% | 10.80% | 10.80% | 12.00% |
| 31  | 12.70%           | 11.90% | 11.00% | 10.20% | 10.20% | 12.00% |
| 32  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.60%  | 12.00% |
| 33  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 12.00% |
| 34  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 12.00% |
| 35  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.50% |
| 36  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.50% |
| 37  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.50% |
| 38  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.50% |
| 39  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.50% |
| 40  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.00% |
| 41  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.00% |
| 42  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.00% |
| 43  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.00% |
| 44  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 11.00% |
| 45  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 10.50% |
| 46  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 10.50% |
| 47  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 10.50% |

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**Withdrawal Rates—Master Lock Salaried and Waterloo**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 48         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 10.50%    |
| 49         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 10.50%    |
| 50         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |
| 51         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |
| 52         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |
| 53         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |
| 54         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |
| 55+        | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 5.00%     |

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Table 4

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 0.030%      | 40         | 0.100%      |
| 16         | 0.030%      | 41         | 0.114%      |
| 17         | 0.030%      | 42         | 0.128%      |
| 18         | 0.030%      | 43         | 0.148%      |
| 19         | 0.030%      | 44         | 0.172%      |
| 20         | 0.030%      | 45         | 0.192%      |
| 21         | 0.030%      | 46         | 0.216%      |
| 22         | 0.030%      | 47         | 0.246%      |
| 23         | 0.030%      | 48         | 0.282%      |
| 24         | 0.030%      | 49         | 0.312%      |
| 25         | 0.030%      | 50         | 0.358%      |
| 26         | 0.030%      | 51         | 0.410%      |
| 27         | 0.030%      | 52         | 0.472%      |
| 28         | 0.034%      | 53         | 0.534%      |
| 29         | 0.034%      | 54         | 0.602%      |
| 30         | 0.034%      | 55         | 0.670%      |
| 31         | 0.038%      | 56         | 0.738%      |
| 32         | 0.038%      | 57         | 0.812%      |
| 33         | 0.042%      | 58         | 0.890%      |
| 34         | 0.042%      | 59         | 0.970%      |
| 35         | 0.052%      | 60         | 1.050%      |
| 36         | 0.056%      | 61         | 1.140%      |
| 37         | 0.066%      | 62         | 1.232%      |
| 38         | 0.076%      | 63         | 1.326%      |
| 39         | 0.090%      | 64         | 1.420%      |
|            |             | 65+        | 0.000%      |

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Schedule SB, Part V—Summary of Plan Provisions

Master Lock Company Pension Plan

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date             | Restated December 31, 2010. Last amended effective December 14, 2011.                                                                                                                                                                                                                                                                                                                                                                                                         |
| Plan Year                  | The 12-month period ending December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Coverage and Participation | <p>All non-union employees hired before January 1, 2008 are eligible to participate under the plan on the first day of the month coincident with or next following the completion of one year of service credit. On December 31, 1998, the Master Lock Door Hardware Division Pension Plan merged with the Salaried Plan.</p> <p>Effective January 1, 2008, the plan is closed to new hires.</p>                                                                              |
| Years of Pension Credit    | Service from date of hire to date of termination, based on the number of hours worked during each employment year. An employment year is a 12-month period commencing at an employee's date of hire or any anniversary thereof. Employees must work at least 1,000 hours to earn a year of pension credit during an employment year.                                                                                                                                          |
| Years of Service Credit    | Service from date of hire to date of termination, based on the number of hours worked during each employment year. Employees must work at least 1,000 hours to earn a year of service credit during an employment year.                                                                                                                                                                                                                                                       |
| Final Average Earnings     | The monthly average of the five consecutive calendar years' compensation out of the last 10 years that gives the highest average.                                                                                                                                                                                                                                                                                                                                             |
| Covered Compensation       | A 35-year average of the maximum taxable wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination prior to the end of the 35-year period, the MTW from the years of termination is used. |

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Normal Retirement  
Eligibility

The first of the month coincident with or next following age 65 and five years of participation.

Monthly Benefit

Based on the greater of the (1) and (2) below:

1. 1.05% of final average earnings times years of pension credit up to 35 years, plus 0.50% of final average earnings in excess of covered compensation times years of pension credit up to 30 years.
2. \$28.25 times years of pension credit up to 35 years.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using years of pension credit and final average earnings as of the late retirement date.

Accrued Benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula, but is based on current years of pension credit, final average earnings, and covered compensation.

Early Retirement  
Eligibility

Age 55 and five years of service credit.

Monthly Benefit

Accrued benefit as of early retirement date reduced by 6% for each year that payments begin prior to age 62.

Disability Retirement  
Eligibility

Total and permanent disability prior to normal retirement date, age 55 and 15 years of service credit.

Monthly Benefit

Accrued benefit as of date of disability reduced as for early retirement.

Vested Termination  
Eligibility

A participant is 100% vested upon completion of five years of service credit. On January 1, 1997, all participants at the Door Hardware Division were 100% vested.

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|                                 |                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Benefit                 | The vested accrued benefit, payable in normal form, commencing at age 62. Optionally, the participant may elect to receive a reduced benefit commencing as early as age 55. Such benefit shall be reduced 6% for each year that payments begin prior to age 62.                                                                                   |
| Preretirement Death Eligibility | Five years of service credit and married throughout the one-year period ending on the date of death.                                                                                                                                                                                                                                              |
| Benefit                         | The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option. |
| Normal Form of Payment          | Single life annuity.                                                                                                                                                                                                                                                                                                                              |
| Optional Forms of Payment       | The plan provides optional payment forms (100% and 75% joint and survivor), including the qualified joint and contingent benefit for married employees, on an actuarially equivalent basis. Lump sum distributions are allowed, but only if the lump sum is \$5,000 or less.                                                                      |
| Actuarial Equivalence           | Based on the RP2000 Combined Healthy Mortality Table, weighted 50% male, and 6.00% interest.                                                                                                                                                                                                                                                      |

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Former Master Lock Pension Plan for Hourly Paid Union Employees

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Year                     | The 12-month period ending December 31.                                                                                                                                                                                                                                                                                                                                                                             |
| Effective Date                | June 1, 1959. Last restated on August 1, 2001. Last amended on January 28, 2008.                                                                                                                                                                                                                                                                                                                                    |
| Coverage and Participation    | <p>All hourly employees hired before January 28, 2008 are eligible to participate under the plan on the first day of the month coincident with or next following the later of attaining age 21 and the completion of one year of service credit.</p> <p>Effective January 28, 2008, the plan is closed to new hires.</p>                                                                                            |
| Years of Pension Credit       | Service from date of hire to date of termination, based on the number of hours worked during each employment year. An employment year is a 12-month period commencing at an employee's date of hire or any anniversary thereof. Employees must work at least 1,000 hours to earn a year of pension credit during an employment year.                                                                                |
| Years of Service Credit       | Service from date of hire to date of termination, based on the number of hours worked during each employment year. Employees must work at least 1,000 hours to earn a year of service credit during an employment year.                                                                                                                                                                                             |
| Normal Retirement Eligibility | <p>The first of the month coincident with or next following age 62 and five years of participation.</p> <p>Effective January 28, 2008, active participants will have a one time opportunity to freeze his current pension and enroll in a defined contribution plan. The participants will have his pension credit frozen effective January 28, 2008 and will stop accruing additional years of pension credit.</p> |
| Monthly Benefit               | The benefit level below, multiplied by years of pension credit:                                                                                                                                                                                                                                                                                                                                                     |

| Termination Date | Skilled Trades Labor Grades |         | Skilled Production/ Production |
|------------------|-----------------------------|---------|--------------------------------|
|                  | 0–2                         | 3–4     |                                |
| 09/01/2003       | \$29.25                     | \$28.75 | \$28.25                        |

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|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Late Retirement                   | If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using years of pension credit and the benefit level in effect as of the late retirement date.                                                                                                                                                                                                                                                                                     |
| Accrued Benefit                   | The participant's accrued benefit at any given date is determined under the normal retirement formula, but is based on current years of pension credit and the benefit level in effect on the date of determination.                                                                                                                                                                                                                                                                                                 |
| Early Retirement Eligibility      | Age 55 and 15 years of service credit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Monthly Benefit                   | Accrued benefit as of early retirement date reduced by 6% for each year that payments begin prior to age 62. For employees who were age 50 and above as of September 15, 1999 and terminate on or after that date, the reduction is from age 60 rather than age 62 (the 15 year eligibility requirement does not apply to these participants). There is a special reduction table for commencement prior to age 60 for participants who were 50 as of September 15, 1999 and retire with 15 years of service credit. |
| Disability Retirement Eligibility | Total and permanent disability prior to normal retirement date and 10 years of service credit.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Monthly Benefit                   | Accrued benefit as of date of disability, payable without reduction for early commencement. The amount is doubled for participants who are denied Social Security disability benefits from the date of disability until the earlier of eligibility for Social Security disability benefits and age 62.                                                                                                                                                                                                               |
| Vested Termination Eligibility    | A participant is 100% vested upon completion of five years of service credit.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Monthly Benefit                   | The vested accrued benefit payable in normal form commencing at normal retirement date. Optionally, if the participant has 15 years of service credit, he may elect to receive a reduced benefit commencing as early as age 55. Such benefit shall be reduced 6% for each year that payments begin prior to age 62.                                                                                                                                                                                                  |

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Preretirement Death  
Eligibility

Five years of service and married throughout the one-year period ending on the date of death.

Benefit

The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

The plan provides optional payment forms (100% and 75% joint and survivor), including the qualified joint and contingent benefit for married employees, on an actuarially equivalent basis. Lump sum distributions are allowed, but only if the lump sum is \$5,000 or less.

Actuarial Equivalence

Based on the RP2000 Combined Healthy Mortality Table, weighted 50% male, and 6.00% interest.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Former Waterloo Industries, Inc. Retirement Income Plan.

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | The original plan became effective July 1, 1988. This plan was last amended effective January 1, 2009.                                                                                                                                                                                                                                                                                                                                                                                                   |
| Plan Year                     | Calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Eligibility                   | All employees hired prior to January 1, 2008 are covered by the plan, and may become participants if they meet the participation requirements.                                                                                                                                                                                                                                                                                                                                                           |
| Participation                 | Each eligible employee shall become a participant on the first day of the month coincident with or next following the completion of one year of eligibility service. No employee who first completes an hour of service on or after January 1, 2008 shall become a plan participant, and no employee rehired on or after January 1, 2008 shall again become a plan participant.                                                                                                                          |
| Normal Retirement Eligibility | The first day of the month coincident with or next following the attainment of age 65 and five years of participation or vesting service.                                                                                                                                                                                                                                                                                                                                                                |
| Benefits                      | <p>The greater of (1) and (2) below:</p> <ol style="list-style-type: none"><li>1. The difference of (a) and (b) below:<ol style="list-style-type: none"><li>a. 1.50% of final average monthly earnings times benefit service.</li><li>b. 1.50% of the participant's age 65 monthly primary insurance amount under the Social Security law in effect on January 1, times benefit service up to 33.33 years.</li></ol></li><li>2. 1.00% of final average monthly earnings times benefit service.</li></ol> |
| Early Retirement Eligibility  | Age 55 and five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefits                      | Accrued benefit as of early retirement date reduced by 6% per year for payments beginning prior to age 60. However, if the employee terminates on or after having attained age 55 and his age plus service is greater than or equal to 90, his benefit is unreduced.                                                                                                                                                                                                                                     |

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
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Disability Retirement  
Eligibility

Participants who become disabled while participating in the plan will be eligible for a disability benefit. Disabled means receiving disability benefits from either social security or a company sponsored disability plan.

Benefits

The disability benefit payable will be based on the following:

- Vesting service and benefit service will continue during the period the participant is receiving disability benefits, but not beyond the participant's retirement date or normal retirement age (if later).
- Earnings for the last calendar year before disability are assumed to continue at the same rate (unless final average monthly earnings at the disability date, or the earnings in the year of disability, produce a greater benefit).
- Primary insurance amount is determined as of the date service ceases to accrue.
- Right to benefits and the amount of the benefit will be determined in the same manner as for active associates or at the date of service termination. This is not normally the date of disability.
- Benefits will commence as age 65, or as early as age 55 based on participant election.
- If the participant recovers from disability and is not reemployed within 30 days, vesting service and benefit service during the period of disability will not be credited, and termination date will equal 12 months following the date of disability.

Deferred With Vesting  
Eligibility

Five years of vesting service.

Benefits

A vested participant who terminates shall be entitled to receive his accrued benefit, payable in the normal form, according to the normal or early retirement provisions.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Preretirement Death  
Eligibility

Five years of vesting service and married throughout the one year period ending on the date of death.

Benefits

The monthly benefit of the surviving qualified spouse of an active participant who dies after becoming vested in a benefit under the plan is a life annuity equal to 50 percent of the reduced benefit assuming the participant elected a 50% joint and survivor annuity the day before death, but not reduced for early commencement.

Minimum benefits also apply for participants with either 10 years of vesting service or who attained age 55 with five years of vesting service on or prior to January 1, 1988.

Merged Plan Provisions

Effective December 31, 1998, the inactive Bargaining plan and the frozen Sedalia and Arkansas plans were merged with this plan. The rights and features of these plans continue to apply to the frozen benefits of participants who entered the plan as a result of the merger. However, no additional benefit service will be earned by the participants from the old Sedalia and Arkansas plans.

Normal Form of Benefits

An unmarried participant shall receive a life annuity. Married participants will receive an actuarially reduced 50% joint and survivor annuity.

Optional Forms of Payment

The plan provides optional payment forms, including the qualified joint and contingent benefit for married employees, on an actuarially equivalent basis. Optional forms include 50%, 75% or 100% joint and survivor annuity, 5, 10, or 15 year certain and life annuity, 50%, 75% or 100% joint and survivor annuity with 10-year certain period, or life annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Participant Table with blended 50% male and 50% female with no age setbacks. Lump-sum distributions are allowed, but only if the lump sum is less than \$5,000.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Definitions

Employee

Any person who is in an executive or management position; in an office, technical, professional, administrative or clerical position; or in a sales position. It excludes employees covered by other plans and bargaining employees for whom coverage has not been bargained.

Eligibility Service

A 12-month period beginning with hire or any calendar year after such date in which the employee had at least 1,000 hours of service.

Final Average Monthly Earnings

The greater of (A)  $\frac{1}{12}$  of the average of the participant's annual earnings during the five calendar years during the 15 calendar years next preceding retirement, termination or death that produce the highest average; or (B) the highest annual earnings for the 60 consecutive months within the last 120 months of employment divided by 60 or the number of months earnings were received if less than 60. Compensation is limited to \$150,000 (indexed beginning in 1995) as required.

Primary Insurance Amount

Primary insurance amount in the later of the year attaining age 65 or retirement. If the participant terminates prior to age 65, the above calculation is made assuming the participant's earnings continue at the rate for the calendar year preceding termination and without regard for any increases in the wage base or benefit levels after the date of termination.

Benefit Service

The sum of credited service with the E-II Retirement Income plan as of June 30, 1988 plus vesting service following July 1, 1988. Rehires on or after January 1, 2008 are not credited with additional benefit service following rehire.

Vesting Service

Total service from the date of hire to date of termination using elapsed time, less any absence in excess of 12 months that is excluded from benefit service.

Qualified Spouse

A person is a qualified spouse if married to the participant throughout the one-year period ending on the date of the participant's death.

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$200,000 in 2012 to \$205,000 in 2013. The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

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

**Active Participants with Benefits Not Based on Pay**

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29           |                                                     |     | 3   |       |       |       |       |       |       |     |
| 30-34           |                                                     |     | 7   |       |       |       |       |       |       |     |
| 35-39           |                                                     |     | 4   |       | 4     | 1     |       |       |       |     |
| 40-44           |                                                     |     | 8   | 1     | 13    | 3     |       |       |       |     |
| 45-49           |                                                     |     | 9   | 4     | 9     | 9     | 7     | 4     |       |     |
| 50-54           |                                                     |     | 19  | 2     | 9     | 19    | 19    | 22    |       |     |
| 55-59           |                                                     |     | 19  | 3     | 14    | 16    | 9     | 32    | 21    | 6   |
| 60-64           |                                                     |     | 13  | 2     | 8     | 9     | 6     | 19    | 17    | 18  |
| 65-69           |                                                     |     | 6   |       |       | 2     |       |       | 3     | 8   |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

**Active Participants with Benefits Based on Pay**  
Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                           |     |     |       |       |       |       |       |       |     |
| 25-29        |                           |     | 3   |       |       |       |       |       |       |     |
| 30-34        |                           |     | 10  | 1     |       |       |       |       |       |     |
| 35-39        |                           |     | 15  | 12    | 3     |       |       |       |       |     |
| 40-44        |                           |     | 18  | 4     | 11    | 4     |       |       |       |     |
| 45-49        |                           |     | 12  | 1     | 5     | 11    | 10    |       |       |     |
| 50-54        |                           |     | 9   | 8     | 8     | 4     | 13    | 14    |       |     |
| 55-59        |                           |     | 10  | 4     | 6     | 9     | 11    | 7     | 6     | 2   |
| 60-64        |                           |     | 7   | 4     | 3     | 3     | 5     | 8     | 1     | 3   |
| 65-69        |                           |     |     |       |       | 2     | 1     |       | 1     |     |
| 70+          |                           |     |     |       |       | 1     |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2013 Plan Year  
Master Lock Pension Plan  
EIN: 39-1142433 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 6,535,493                 | January 1, 2010  | 4               | \$ 1,760,851             |
| Shortfall    | \$ 23,955,825                | January 1, 2011  | 5               | \$ 5,291,664             |
| Shortfall    | \$ (27,923,862)              | January 1, 2012  | 6               | \$ (5,312,127)           |
| Shortfall    | \$ 3,063,895                 | January 1, 2013  | 7               | \$ 515,671               |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| Form /<br>Schedule | Line #   | Description                                                                                                    | Attachment Title<br>(if different from<br>Description) | Attach-<br>ment |
|--------------------|----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
| 5500 Sch. SB       | None     | Statement by Enrolled Actuary                                                                                  |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                        |                 |
| 5500 Sch. SB       | Line E   | Information for Each Individual Employer                                                                       |                                                        |                 |
| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
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| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

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|----------------------------|-----------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| <b>5500 Sch. SB</b>        | <b>None</b>     | Statement by Enrolled Actuary                                                                                  |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                                       |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                                             |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                                      |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                                               |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                                              |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                                            |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                                                 |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                                                |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                                              |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                                     |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                                     |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                                                |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                                               |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                                            |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                                                |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                                 |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                                                 |                                                                 | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 15</b>  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                                 | X                       |

|                         |                                 |
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| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

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|--------------------|----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
| 5500 Sch. SB       | None     | Statement by Enrolled Actuary                                                                                  |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                        |                 |
| 5500 Sch. SB       | Line E   | Information for Each Individual Employer                                                                       |                                                        |                 |
| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

|                         |                                 |
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| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

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| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

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|--------------------|----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
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| 5500 Sch. SB       | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                        |                 |
| 5500 Sch. SB       | Line E   | Information for Each Individual Employer                                                                       |                                                        |                 |
| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| Form /<br>Schedule | Line #   | Description                                                                                                    | Attachment Title<br>(if different from<br>Description) | Attach-<br>ment |
|--------------------|----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
| 5500 Sch. SB       | None     | Statement by Enrolled Actuary                                                                                  |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                        |                 |
| 5500 Sch. SB       | Line E   | Information for Each Individual Employer                                                                       |                                                        |                 |
| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

|                         |                                 |
|-------------------------|---------------------------------|
| <b>Plan Name</b>        | <b>Master Lock Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>39-1142433</b>               |
| <b>ERISA Plan #</b>     | <b>002</b>                      |
| <b>Plan Year Ending</b> | <b>December 31, 2013</b>        |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

| Form /<br>Schedule | Line #   | Description                                                                                                    | Attachment Title<br>(if different from<br>Description) | Attach-<br>ment |
|--------------------|----------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
| 5500 Sch. SB       | None     | Statement by Enrolled Actuary                                                                                  |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                                           |                                                        |                 |
| 5500 Sch. SB       | Line E   | Information for Each Individual Employer                                                                       |                                                        |                 |
| 5500 Sch. SB       | Line 4   | Additional Information for Plans in At-Risk Status                                                             |                                                        |                 |
| 5500 Sch. SB       | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding                      |                                                        |                 |
| 5500 Sch. SB       | Line 8   | Late Election to Apply Balances to Quarterly Installments                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 9   | Explanation of Credit Balance Discrepancy                                                                      |                                                        |                 |
| 5500 Sch. SB       | Line 18  | Contributions Made to the Plan for the Plan Year                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 19  | Discounted Employer Contributions                                                                              |                                                        | X               |
| 5500 Sch. SB       | Line 20c | Liquidity Requirement Certification                                                                            |                                                        |                 |
| 5500 Sch. SB       | Line 22  | Description of Weighted Average Retirement Age                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 23  | Information on Use of Multiple Mortality Tables                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 23  | Information on Use of Substitute Mortality Tables                                                              |                                                        |                 |
| 5500 Sch. SB       | Part V   | Statement of Actuarial Assumptions/Methods                                                                     |                                                        | X               |
| 5500 Sch. SB       | Part V   | Summary of Plan Provisions                                                                                     |                                                        | X               |
| 5500 Sch. SB       | Line 24  | Change in Actuarial Assumptions                                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 25  | Change in Method                                                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 26  | Schedule of Active Participant Data                                                                            |                                                        | X               |
| 5500 Sch. SB       | Line 27  | Balances Subject to Binding Agreement with PBGC                                                                |                                                        |                 |
| 5500 Sch. SB       | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                                               |                                                        |                 |
| 5500 Sch. SB       | Line 32  | Schedule of Amortization Bases                                                                                 |                                                        | X               |
| 5500 Sch. SB       | Line 15  | Other Attachment [Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP] |                                                        | X               |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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  
☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. . . . . ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;  
☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information—enter all requested information****1a** Name of plan MASTER LOCK PENSION PLAN**1b** Three-digit plan number (PN) ▶ 002**1c** Effective date of plan 06/01/1959**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  
MASTER LOCK COMPANY**2b** Employer Identification Number (EIN)  
39-1142433**2c** Sponsor's telephone number  
(414) 571-5625**2d** Business code (see instructions)  
332510137 WEST FOREST HILL AVENUEOAK CREEKWI 53154-2901**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<br>HERE                                                                                                                                                             |  | <u>10-14-14</u> | MATTHEW C LENZ                                               |
|                                                                                                                                                                          | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                                                                                             |  | <u>10-14-14</u> | MATTHEW C LENZ                                               |
|                                                                                                                                                                          | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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)<br><br>DELOITTE TAX LLP<br>111 S. WACKER DRIVE<br><br>CHICAGO |                                                                                     |                 | Preparer's telephone number (optional)<br><br>(312) 486-1000 |
| IL 60606                                                                                                                                                                 |                                                                                     |                 |                                                              |

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

Form 5500 (2013)  
v. 130118

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                       | <b>5</b> 3,719                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b> 616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                           | <b>6b</b> 1,715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                             | <b>6c</b> 1,157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> 3,488                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                    | <b>6e</b> 167                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                                      | <b>6f</b> 3,655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                               | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                   | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |