Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1956

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
STANLEY BLACK & DECKER, INC.

1000 STANLEY DRIVE
NEW BRITAIN, CT 06053

2b Employer Identification Number (EIN) 06-0548860

2c Plan Sponsor's telephone number 860-225-5111

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	EMILY SANFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	3926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	911
a(2) Total number of active participants at the end of the plan year	**6a(2)**	783
b Retired or separated participants receiving benefits	**6b**	1272
c Other retired or separated participants entitled to future benefits	**6c**	1175
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	275
f Total. Add lines **6d** and **6e**	**6f**	3505
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1C 1D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STANLEY BLACK & DECKER, INC.

D Employer Identification Number (EIN)
06-0548860

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	151083441
b Actuarial value	**2b**	138046209

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1528	59276567	59276567
b For terminated vested participants	1503	22318382	22318382
c For active participants	911	32451789	34459965
d Total	3942	114046738	116054914

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

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

5 Effective interest rate	**5**	5.59 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1609092
b Expected plan-related expenses	**6b**	680000
c Total (line 6a + line 6b)	**6c**	2289092

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/28/2022
Date

ERIC GEISSLER
Type or print name of actuary

20-07911
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

901-930-0000
Telephone number (including area code)

3340 PLAYERS CLUB PARKWAY
SUITE 200
MEMPHIS, TN 38125
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		15448351
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		3381550
9	Amount remaining (line 7 minus line 8)		12066801
10	Interest on line 9 using prior year's actual return of 15.08 %		1819674
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3023975
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.39 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		456015
	c Total available at beginning of current plan year to add to prefunding balance		3479990
	d Portion of (c) to be added to prefunding balance		3479990
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		17366465

Part III Funding Percentages

14	Funding target attainment percentage	14	103.98 %
15	Adjusted funding target attainment percentage	15	118.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2289092
b Excess assets, if applicable, but not greater than line 31a	**31b**	2289092

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
STANLEY BLACK & DECKER, INC.	06-0548860

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO & COMPANY

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	177655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	71394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REID & RIEGE, P.C.

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	34893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NISA INVESTMENT ADVISORS

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	81697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	60677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIONDELLA, MILONE & LASARACINA LLP

06-1648707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARROW, HANLEY, MEWHINNEY & STRAUSS

75-2403190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	54203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST CO

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	15787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	43335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	75144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES INC

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65	NONE	12550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCATON

20 GLOVER AVE
NORWALK, CT 06850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	21066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	NONE	29818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STANLEY BLACK & DECKER, INC.

D Employer Identification Number (EIN)
06-0548860

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0548860-028	M	150446337

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANLEY BLACK & DECKER, INC.

D Employer Identification Number (EIN)
06-0548860

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3300000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	147896473	150446337
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	151196473	150446337
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	159248	148835
k	Total liabilities (add all amounts in lines 1g through1j)	1k	159248	148835
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	151037225	150297502

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3924	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3924
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7961104
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7965028
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8069712	
(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)		8069712
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)	140467	
(2) Contract administrator fees	2i(2)	220023	
(3) Investment advisory and management fees	2i(3)	21066	
(4) Other	2i(4)	253483	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		635039
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8704751
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-739723
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 435490.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANLEY BLACK & DECKER, INC.

D Employer Identification Number (EIN)
06-0548860

Part I Distributions

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

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

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

EIN(s): 13-5160382

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 18

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b	Enter the amount contributed by the employer to the plan for this plan year	6b	0
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ Increase ☐ Decrease ☐ Both ☐ No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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: 21.3 % Investment-Grade Debt: 75.2 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 3.5 %

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

Years ended December 31, 2021 and 2020
with Independent Auditors' Report

EXPERIENCE THAT COUNTS

ASSURANCE · TAX · ADVISORY SERVICES

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

Financial Statements

Years ended December 31, 2021 and 2020

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Independent Auditors' Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
October 13, 2022

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

Statements of Net Assets Available for Benefits

	December 31, 2021	December 31, 2020
Assets		
Investments at fair value:		
Plan interest in Master Trust	**$ 150,446,337**	$ 147,896,473
Employer contribution receivable	**-**	3,300,000
Total assets	**150,446,337**	151,196,473
Liabilities		
Accrued expenses and other liabilities	**148,835**	159,248
Net assets available for benefits	**$ 150,297,502**	$ 151,037,225

See accompanying notes to the financial statements.

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2021	2020
Additions		
Interest in net investment income of Master Trust	**$ 7,961,104**	$ 19,729,056
Employer contributions	**3,924**	3,300,000
Total additions	**7,965,028**	23,029,056
Deductions		
Benefits paid directly to participants	**8,069,712**	7,333,989
Administrative expenses	**635,039**	666,952
Total deductions	**8,704,751**	8,000,941
Net (decrease) increase	**(739,723)**	15,028,115
Net assets available for benefits, beginning of year	**151,037,225**	136,009,110
Net assets available for benefits, end of year	**$ 150,297,502**	$ 151,037,225

See accompanying notes to the financial statements.

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

1. Background and Description of the Plan

The Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. (the Hourly Plan or the Plan) is a noncontributory defined benefit plan which provides retirement and disability benefits for certain union and non-union hourly-paid employees of Stanley Black & Decker, Inc. and its participating U.S. subsidiaries (the Company). Effective December 31, 2012, all of the assets and liabilities of the following defined benefit pension plans merged into the Plan: The Pension Plan for Hourly Rate Employees of the Heli-Coil Division; Pension Plan for Hourly Rate Employees of the Warren Division; Pension Plan for Hourly-Rate Employees of the Threaded Fastener Division, Campbellsville Plant; and the Pension Plan for Hourly Rate Employees of the POP Fasteners Division, Hopkinsville Plant (collectively "the 2012 Merged Plans"). As a result of these mergers, participants covered under the 2012 Merged Plans became participants in the Plan. Notwithstanding the foregoing, separate benefit formulas and other provisions pertaining to benefit determinations are set forth in the Plan that apply after December 31, 2012, to the participants who were covered under the 2012 Merged Plans.

Effective April 30, 2001, benefits from The Stanley Works Retirement Plan (the Retirement Plan), for certain salaried and non-union hourly-paid employees, were spun off to the Hourly Plan. The Retirement Plan was then terminated effective July 31, 2001.

Effective December 31, 2018, all of the assets and liabilities of the following defined benefit pension plans merged into the Plan: The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan; and the Nelson Stud Welding, Inc. Hourly Pension Plan (collectively "the 2018 Merged Plans"). As a result of these mergers, participants covered under the 2018 Merged Plans became participants in the Plan. Separate benefit formulas and other provisions pertaining to benefit determinations are set forth in the Plan that apply after December 31, 2018, to the participants who were covered under the 2018 Merged Plans.

1. Background and Description of the Plan (continued)

Generally, the benefits provided pursuant to the Hourly Plan's regular benefit formula for certain union and non-union hourly-paid employees are based on a benefit unit multiplier and credited service. In addition to the regular formula benefits, the Hourly Plan provides a floor benefit for certain union and non-union hourly-paid employees and also certain salaried employees (known as the Investment Protection Account (IPA) or notional benefit) that is offset by the value of certain contributions, including 401(k) contributions made before July 1, 1998 to the Stanley Account Value Plan, (prior to July 1, 1998, there was a different plan name and effective January 1, 2011, the plan name was changed to Stanley Black & Decker Retirement Account Plan (RAP)) at the time of distribution of such contributions from the RAP. The floor benefit is a guarantee to participants in the RAP that the rate of return on the pertinent contributions made to the RAP prior to July 1, 1998 will at least equal the return on two-year Treasury notes for the period such contributions are invested in the Stanley Black & Decker Stock Fund under the RAP. The IPA or notional guarantee is subject to a minimum annual rate of return of 5.0% and a maximum annual rate of return of 12.5%. There is a minimum guarantee calculated as of July 31, 2001, based on the assumption that the IPA or notional benefit was determined on that date. During both December 31, 2021 and 2020, there were no payments made to eligible participants pursuant to the guarantee. The Hourly Plan also provides frozen contributory pension benefits for certain salaried and non-union hourly-paid employees with respect to "contributory benefit contributions" made before January 1, 1987. These contributions include funds that were originally contributed to the Retirement Plan and are now held under the RAP and also certain funds that were contributed to the RAP. The foregoing benefit provisions do not, however, apply to participants formerly covered or otherwise included under the 2012 Merged Plans, or the 2018 Merged Plans, who are subject to separate benefit formulas and other provisions pertaining to benefit determinations that apply after December 31, 2012, or December 31, 2018, respectively.

The Company's funding policy is to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. For 2021 and 2020, there was a minimum required contribution to the Plan of $0 and $3,381,550, respectively, prior to the application of funding balances which exceed the required minimum contributions. The Company made contributions to the Plan of $3,924 and $3,300,000 pertaining to 2021 and 2020, respectively. The Plan has met the Employee Retirement Income Security Act (ERISA) minimum funding requirements.

1. Background and Description of the Plan (continued)

After termination of employment, disability, or retirement under the Hourly Plan, a participant may receive his or her vested accrued benefit, reduced, if applicable, for payment before the normal retirement date. In order to comply with regulatory requirements, the accrued benefits as of July 31, 2001 of all active participants under the Hourly Plan on July 31, 2001, became 100% vested. Participants become fully vested in the benefit that accrues after July 31, 2001 under the Hourly Plan's regular benefit formula upon attaining five years of service, except that, effective as of January 1, 2008, a participant who has an IPA or notional benefit under the Hourly Plan and performs at least one hour of service on or after January 1, 2008 will become 100% vested in the benefit that accrues after July 31, 2001 under the Hourly Plan's regular benefit formula upon attaining three years of service. Should the number of terminated participants reach levels specified by rulings issued pursuant to the Internal Revenue Code (IRC), such terminated participants may become fully vested. The foregoing benefit provisions do not, however, apply to those participants who are subject to separate benefit formulas and provisions pertaining to vesting and benefit determinations that previously applied, under terms of the 2012 Merged Plans and the 2018 Merged Plans, and that remain in effect under the Hourly Plan after December 31, 2012 and after December 31, 2018, respectively.

Information about the Plan, the vesting and benefit provisions under the Plan, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Summary Plan Description of the Plan. Copies are available from the Plan administrator.

The Plan administrator is Stanley Black & Decker, Inc.

In order to comply with regulatory requirements, pursuant to the terms of the Hourly Plan, the benefit liabilities of that plan as of July 31, 2001 (the termination date of the Retirement Plan), including IPA benefit liabilities, notional benefit liabilities and contributory benefit liabilities (based on the amount of such IPA benefits, notional benefits and contributory benefits that would have been paid on July 31, 2001), are funded by a $35,556,248 nontransferable, allocable annuity insurance contract effective on June 13, 2002, except for certain benefit liabilities that are covered by a rider to that insurance contract.

2. Significant Accounting Policies

Basis of Accounting and Estimates

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (US GAAP). US GAAP requires management to make estimates and assumptions that can affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. While management believes that the estimates and assumptions used in the preparation of the financial statements are appropriate, actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investment consists of an interest in the Stanley Black & Decker, Inc. Pension Master Trust (Master Trust) (Notes 4 and 9). The fair value of the Plan's interest in the Master Trust is based on the fair value of the underlying assets held in the Master Trust as adjusted for contributions, investment earnings and losses, actual benefit distributions, and expenses.

Marketable securities within the Master Trust are stated at fair value. Securities traded on national securities exchanges are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. The Plan, through its investment in the Master Trust, may utilize derivative financial instruments to manage market risk, including futures contracts for trading or hedging purposes. Derivative financial instruments are marked to market and reflected in the net appreciation or (depreciation) amount at fair value in the Statements of Changes in Net Assets Available for Benefits.

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

2. Significant Accounting Policies (continued)

Fair Value of Investments

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

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

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

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

These levels are:

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

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

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

2. Significant Accounting Policies (continued)

Fair Value of Investments (continued)

Following is a description of the valuation methodologies used for assets measured at fair value within the Master Trust. There have been no changes in the methodologies used to determine fair value at December 31, 2021 and 2020.

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

Equity Investments – Level 1 securities are valued at the closing price reported on the active market on which the individual securities are traded. Level 2 securities are valued using the net asset value or unit value as reported by the investment managers. These net asset values use pricing methodologies which comply with the provisions of ASC 820, have observable assumptions, or observable market data, although as noted, the units are not publicly traded in active markets. Level 3 securities consist mainly of limited partnership funds valued based on third party valuations for which significant unobservable inputs are not reasonably available.

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

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

Benefits

Benefit claims are recorded as deductions when they have been approved for payment and paid by the Plan. In addition to benefit deductions funded from the Master Trust, benefit deductions reported included $1,874,715 and $3,160,257 in 2021 and 2020, respectively, that were reimbursed by the allocable annuity insurance contract. These reimbursements have been recorded in the statements of changes in net assets available for benefits netted with benefits paid directly to participants.

Administrative Expenses/Related Party Transactions

To the extent permitted under ERISA, certain Plan actuarial and investment advisory fees, PBGC premiums, and some other direct expenses were paid by the Plan from Master Trust assets. Certain other expenses are paid by the Company.

2. Significant Accounting Policies (continued)

Allocable Annuity Contract

Pursuant to the regulatory guidelines pertaining to the spin-off of assets and liabilities from the Retirement Plan to the Plan and the termination of the Retirement Plan, a $35,556,248 allocable annuity insurance contract was purchased in June 2002 based on the identification and valuation of obligations relating to certain plan participants as of July 31, 2001. As a result of the purchase of the allocable annuity insurance contract, the insurer has a legal obligation to make all benefit payments for which it has received the premiums or requested consideration. Thus, the allocable annuity insurance contract, and the related benefit obligation is not reflected in the Plan's net assets available for benefits. The Plan was reimbursed $1,874,715 and $3,160,257 by the allocable insurance contract during 2021 and 2020, respectively, for benefit payments made by the Plan to participants included in the allocable annuity insurance contract. These amounts are reported within benefits paid directly to participants. There was no interest earned on the allocable insurance contract for the years ended December 31, 2021 and 2020.

Recently Adopted Accounting Pronouncements

In July 2018, the FASB issued ASU 2018-09, *Codification Improvements*. The updated guidance includes changes to clarify, correct errors in and makes minor improvements to various subtopics in the Codification and is effective based on the facts and circumstances of each subtopic amendment. ASU 2018-09 became effective, and was adopted by the Plan, on January 1, 2020. The adoption of this ASU did not have a material impact on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement – Disclosure Framework (Topic 820)*. The updated guidance improves the disclosure requirements on fair value measurements and is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. ASU 2018-13 was adopted by the Plan effective January 1, 2020, which resulted in updates to certain fair value disclosures.

3. Accumulated Plan Benefits

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

3. Accumulated Plan Benefits (continued)

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

The actuarial present value of accumulated plan benefits is determined by the Plans' third party actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

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

	January 1,	
	2021	**2020**
Vested benefits:		
Participants currently receiving payments	**$ 59,889,284**	$ 55,704,027
Participants with deferred benefits	**24,914,230**	21,202,429
Active employees	**36,964,870**	35,755,189
Total vested benefits	**121,768,384**	112,661,645
Non-vested benefits	**2,795,663**	2,723,679
Total present value of accumulated benefits	**$124,564,047**	$115,385,324

The following is a reconciliation of the actuarial present value of accumulated benefits (PVAB) as of January 1, 2021:

Present value of accumulated benefits as of January 1, 2020	**$115,385,324**
Changes during the year due to:	
Benefits accumulated	**1,884,892**
Actuarial gains	**(1,297,892)**
Decrease in the discount period	**6,248,177**
Benefits paid	**(7,333,989)**
Changes in actuarial assumptions	**9,192,801**
Plan amendments	**484,734**
Net increase	**9,178,723**
Present value of accumulated benefits as of January 1, 2021	**$124,564,047**

3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation of the Plan are:

	2021	2020
Discount rate	4.75%	5.50%
Mortality basis	Healthy Mortality - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the heath of the original annuitant) based on Pri-2012 mortality tables with blue collar adjustments, adjusted with Scale MP-2020 for future mortality improvements from 2012 on with separate rates for males and females. Disabled Mortality - Separate rates for males and females based on Pri-2012 disabled mortality tables with no collar adjustments, projected with Scale MP-2020 for future mortality improvements from 2012 on.	Healthy Mortality - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the heath of the original annuitant) based on Pri-2012 mortality tables with blue collar adjustments, adjusted with Scale MP-2019 for future mortality improvements from 2012 on with separate rates for males and females. Disabled Mortality - Separate rates for males and females based on Pri-2012 disabled mortality tables with no collar adjustments, projected with Scale MP-2019 for future mortality improvements from 2012 on.

The rates at which participants are assumed to retire by age are:

	2021	2020
Age 60:	7.5%	7.5%
Age 61:	7.5%	7.5%
Age 62:	20%	20%
Age 63:	20%	20%
Age 64:	25%	25%
Age 65:	40%	40%
Age 66:	40%	40%
Age 67:	40%	40%
Age 68:	50%	50%
Age 69:	50%	50%
Age 70+:	100%	100%

3. Accumulated Plan Benefits (continued)

Changes in actuarial assumptions of $9,192,801 relate to changes in mortality basis and discount rate assumptions.

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

4. Information Prepared and Certified by Trustee

The Bank of New York Mellon is Trustee under the Master Trust. All investment information related to the Master Trust disclosed in the accompanying financial statements, including investments held at December 31, 2021 and 2020 and net investment income (loss) of Master Trust, for the years then ended, was obtained or derived from information supplied to the administrator of the Plan, and certified as complete and accurate by the Trustee.

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated March 10, 2021, stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, is not subject to tax under the present income tax law. Since the form of the Plan is qualified, the Plan is required to operate in accordance with its terms in order to maintain its qualification. The Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

The Plan administrator, which consults regularly with legal counsel regarding Plan matters, believes that the Plan is currently being operated in accordance with its terms. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits for any tax periods in progress. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2018.

6. Risks and Uncertainties

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

6. Risks and Uncertainties (continued)

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

As a result of the recent novel coronavirus (COVID-19) outbreak, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects on the Plan's investments cannot be reasonably estimated at this time.

7. Plan Termination

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

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

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

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

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

e. All non-vested benefits.

7. Plan Termination (continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is also a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2021 and 2020, the monthly ceiling was $6,034 and $5,813, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

The PBGC guarantee described above does not apply to the Plan benefits that are provided pursuant to Group Annuity Contract No. 88311 issued by MetLife Insurance Company of Connecticut (MetLife). This contract is held by the Trustee to provide Plan benefits accrued as of July 31, 2001, including any IPA benefit or contributory pension benefit determined as of July 31, 2001 (as if distributions of such benefits were made on such date).

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

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

8. Party-in-Interest/Related Party Transactions

Plan assets include investments in funds held by The Bank of New York Mellon which serves as the Plan's Trustee, and performs certain administrative services for the Plan and as such, these transactions qualify as party-in-interest transactions under ERISA. These party-in-interest transactions are deemed not to be prohibited because they are covered by statutory and administrative exemptions pursuant to the IRC and the rules under ERISA regarding prohibited transactions.

9. Investment in Master Trust

The Plan's investments consist of an interest in the Master Trust. The Master Trust was created and maintained for certain employee pension benefit plans sponsored by the Company, including the Plan. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses. At December 31, 2021 and 2020, the Plan's interest in the net assets of the Master Trust was 12.70% and 12.41%, respectively. Investment income and administrative expenses related to the Master Trust are allocated to the individual pension benefit plans for which assets are held under the Master Trust, based upon average monthly balances invested for each plan.

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

Master Trust balances and the Plan's interest in Master Trust balances consist of the following at December 31, 2021:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Master Trust assets		
Cash	**$ 6,996,913**	**$ 888,599**
Investments at fair value:		
Short-term investments	**13,662,011**	**1,735,058**
Equity investments	**280,205,837**	**35,585,775**
Government securities	**380,327,732**	**48,301,125**
Corporate securities	**498,699,779**	**63,334,221**
Total investments at fair value	**1,172,895,359**	**148,956,179**
Receivables:		
Investment income receivable	**7,726,321**	**981,233**
Receivable for investments sold	**5,270,020**	**669,286**
Total receivables	**12,996,341**	**1,650,519**
Total Master Trust assets	**1,192,888,613**	**151,495,297**
Master Trust liabilities		
Payable for investments purchased	**8,239,776**	**1,046,441**
Other investment payables	**19,830**	**2,519**
Total Master Trust liabilities	**8,259,606**	**1,048,960**
Total Master Trust net assets	**1,184,629,007**	**$ 150,446,337**

9. Investment in Master Trust (continued)

Master Trust balances and the Plan's interest in Master Trust balances consist of the following at December 31, 2020:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Master Trust assets		
Cash	$ 7,025,671	$ 872,059
Investments at fair value:		
Short-term investments	17,582,088	2,182,371
Equity investments	354,924,831	44,054,923
Government securities	320,674,197	39,803,575
Corporate securities	485,335,035	60,242,045
Total investments at fair value	1,178,516,151	146,282,914
Receivables:		
Investment income receivable	7,108,123	882,293
Receivable for investments sold	2,085,059	258,807
Total receivables	9,193,182	1,141,100
Total Master Trust assets	1,194,735,004	148,296,073
Master Trust liabilities		
Payable for investments purchased	3,202,536	397,514
Other investment payables	17,010	2,086
Total Master Trust liabilities	3,219,546	399,600
Total Master Trust net assets	$ 1,191,515,458	$ 147,896,473

9. Investment in Master Trust (continued)

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

	Years Ended December 31,	
	2021	**2020**
Additions:		
Investment income:		
Net appreciation of plan assets	**$ 36,189,149**	$ 132,143,139
Dividends on common stock	**3,318,433**	3,441,750
Interest	**24,281,509**	25,556,439
Total investment gain	**63,789,091**	161,141,328
Employer contributions	**5,800,000**	6,300,000
Transfer from other accounts	**1,874,715**	3,160,257
Transfer in	**45,972**	189
Total additions	**71,509,778**	170,601,774
Deductions:		
Benefits paid directly to participants	**75,508,307**	77,814,928
Administrative expenses	**2,887,922**	4,257,302
Total deductions	**78,396,229**	82,072,230
Net (decrease) increase	**(6,886,451)**	88,529,544
Master Trust assets, beginning of year	**1,191,515,458**	1,102,985,914
Master Trust assets, end of year	**$ 1,184,629,007**	$ 1,191,515,458
Plan's interest in Master Trust investment income	**$ 7,961,104**	$ 19,729,056

10. Fair Value Measurement

The following tables summarize the fair values and levels within the fair value hierarchy of the investments in the Master Trust, which are measured on a recurring basis, as of December 31, 2021 and 2020:

	Fair Value at December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	**$ 307,886**	**$ 13,354,125**	**$ -**	**$ 13,662,011**
Equity investments	**120,694,369**	**129,341,988**	**30,169,481**	**280,205,838**
Government securities	**340,736,691**	**39,591,041**	**-**	**380,327,732**
Corporate securities	**-**	**498,699,778**	**-**	**498,699,778**
Total investments at fair value	**$ 461,738,946**	**$ 680,986,932**	**$ 30,169,481**	**$ 1,172,895,359**

	Fair Value at December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ 5,371,476	$ 12,210,612	$ -	$ 17,582,088
Equity investments	156,898,937	170,123,582	27,902,312	354,924,831
Government securities	280,852,994	39,821,203	-	320,674,197
Corporate securities	-	485,335,035	-	485,335,035
Total investments at fair value	$ 443,123,407	$ 707,490,432	$ 27,902,312	$ 1,178,516,151

At December 31, 2021 and 2020, the Master Trust held approximately 75% and 68%, respectively, of its assets in government and corporate debt securities with the remainder allocated among various equity investments as well as a small allocation to alternative investments. The short-term investments were split between levels 1 and 2 based on the type of investment, with government securities being assigned to Level 1 and money market instruments being assigned to Level 2. The debt securities were split between levels 1 and 2 based on their liquidity, with U.S. Treasury securities being assigned to Level 1 and corporate debt securities assigned to Level 2. The Master Trust's equity holdings were split between levels 1 and 2 based on the type of investment, with publicly quoted equities held in a separately managed account placed in Level 1 and investments held in commingled funds and similar vehicles, which are recorded at the net asset value based on the market prices of the underlying securities, placed in Level 2.

10. Fair Value Measurement (continued)

The Level 3 assets of the Master Trust had purchases of $0 and $525,000 for the years ended December 31, 2021 and 2020, respectively and sales of $12,436,560 and $6,346,066 for the years ended December 31, 2021 and 2020, respectively.

The Master Trust's investments in equity instruments include limited partnership interests, which had an aggregate fair value of $30,169,481 and $27,902,312 at December 31, 2021 and 2020, respectively. The fair value of these limited partnership interests is determined by the general partners based upon the Master Trust's pro rata ownership in the investments held by the partnerships. Investments in limited partnerships are recorded at market value using external pricing sources or, when such sources are not readily available or deemed inappropriate, at fair values determined by the general partners. The determination by the general partners of estimated fair values of certain illiquid investments includes, among other methods such as the use of external pricing models, obtaining valuation-related information from third-party investment firms and pricing services, and performing other research activities. Such determinations involve subjective judgment as the value of these limited partnership investments is generally ultimately determined by negotiation between parties in a sales transaction. The carrying value recorded in the financial statements of the Master Trust's investments in these limited partnership interests may differ materially from the amounts ultimately realized from these limited partnership interests and from the values that would have been reported in the financial statements had a ready market for these partnership interests existed.

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

10. Fair Value Measurement (continued)

The following tables set forth a summary of Master Trust equity investments which are recorded at net asset value as of December 31, 2021 and 2020, respectively.

	December 31, 2021			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Common collective trusts	**$128,102,422**	**n/a**	**Daily / Semi-Monthly**	**none**
Private equity *	**30,169,481**	**$ 3,305,000**	**n/a**	**n/a**

	December 31, 2020			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Common collective trust	$168,794,662	n/a	Daily / Semi-Monthly	none
Private equity *	27,902,312	$ 3,305,000	n/a	n/a

* This category includes several private equity partnerships that have equity ownership in underlying portfolio companies. These partnerships invest for terms of 7 years on average and are generally illiquid. The fair value of these funds has been determined using the net asset value of the ownership interest in the funds, which are determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

At December 31, 2021 and 2020, the Master Trust held no derivative financial instruments.

11. Subsequent Events

The Plan has evaluated events occurring between December 31, 2021 and October 13, 2022, the date the financial statements were available to be issued. There were no subsequent events identified.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1956

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

STANLEY BLACK & DECKER, INC.

1000 STANLEY DRIVE
NEW BRITAIN, CT 06053

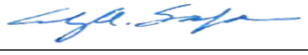
2b Employer Identification Number (EIN) 06-0548860

2c Plan Sponsor's telephone number 860-225-5111

2d Business code (see instructions) 339900

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

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

SIGN HERE		10/13/22	EMILY SANFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2021) v. 201209**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2021

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	2	12	0	0	0	0	0	0	0	0	14
25-29	2	18	7	0	0	0	0	0	0	0	27
30-34	4	34	10	1	0	0	0	0	0	0	49
35-39	1	27	13	4	4	0	0	0	0	0	49
40-44	3	29	20	3	6	5	1	0	0	0	67
45-49	11	18	13	6	8	16	6	0	0	0	78
50-54	35	26	20	8	8	13	9	6	2	0	127
55-59	57	18	22	10	13	21	10	17	16	1	185
60-64	70	26	19	12	12	18	7	12	19	42	237
65-69	15	12	5	1	2	1	3	5	5	9	58
70 & over	2	1	3	0	1	1	1	3	2	6	20
Total	202	221	132	45	54	75	37	43	44	58	911

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.22%
Second segment rate	5.36%	3.38%
Third segment rate	6.11%	3.92%
Effective interest rate	5.59%	3.56%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A
- Assumed cost of living adjustment: N/A

Administrative expenses The amount included for 2021 for administrative expenses is $680,000, which is the prior year actual administrative expenses adjusted for expected changes in PBGC premiums and rounded to the nearest $10,000.

SCHEDULE SB ATTACHMENTS

Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Investment return assumptions for IPA guaranteed benefit	
■ Guaranteed Account Increase:	5.0%
■ Actual Account Increase:	7.5%
Lump sum basis	For purposes of valuing the lump sums for New Britain participants, the following interest rates were used: ■ PPA Funding Target: Total lump sum and Met Life offset valued using valuation interest rates.

Demographic and other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Form of payment

■ Campbellsville, Heli Coil, Hopkinsville, and Warren	Married participants: 50% elect a single life annuity, 50% elect a 50% Joint & Survivor annuity Single participants: 100% elect a single life annuity
■ Ferry Cap Hourly and Nelson Hourly	All participants are assumed to elect as single life annuity.
■ Stanley Hourly	IPA participants are assumed to elect lump sum payments. 50% of New Britain participants are assumed to elect lump sums while 50% are assumed to elect an annuity in accordance with the assumptions for the other schedules above. Other participants are assumed to elect an annuity in accordance with the assumptions for the other schedules above.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of males and 50% of females are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Healthy Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified under §1.430(h)(3)-1 using Scale MP-2019).

Disabled Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified under §1.430(h)(3)-1 using Scale MP-2019).

SCHEDULE SB ATTACHMENTS

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to leave the Company by age and gender are shown below:

Percentage leaving during the year	
Years of Service	**Rates of Withdrawal**
Less than one year	35%
One to two years	25%
Two to three years	15%

After the first three years, turnover is assumed to occur in accordance with the following table:

Attained Age	Percentage leaving during the year
20	30.0%
25	12.5%
30	7.5%
35	7.5%
40	5.0%
45	5.0%
50	5.0%
55	5.0%

SCHEDULE SB ATTACHMENTS

Disability rates

The rates at which participants become disabled by age are shown below:

- Campbellsville, Hopkinsville and Warren

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

SCHEDULE SB ATTACHMENTS

- Heli Coil

Percentage Becoming Disabled During the Year					
Age	Male	Female	Age	Male	Female
15	0.0075%	0.0075%	45	0.0400%	0.0600%
16	0.0075%	0.0075%	46	0.0450%	0.0675%
17	0.0075%	0.0075%	47	0.0525%	0.0750%
18	0.0075%	0.0075%	48	0.0625%	0.0750%
19	0.0075%	0.0075%	49	0.0700%	0.0825%
20	0.0075%	0.0075%	50	0.0825%	0.0900%
21	0.0075%	0.0075%	51	0.0975%	0.1100%
22	0.0075%	0.0075%	52	0.1150%	0.1225%
23	0.0075%	0.0075%	53	0.1325%	0.1350%
24	0.0075%	0.0075%	54	0.1525%	0.1475%
25	0.0075%	0.0075%	55	0.1725%	0.1600%
26	0.0075%	0.0075%	56	0.1925%	0.1725%
27	0.0075%	0.0075%	57	0.2150%	0.1850%
28	0.0075%	0.0100%	58	0.2375%	0.2000%
29	0.0075%	0.0100%	59	0.2625%	0.2125%
30	0.0075%	0.0100%	60	0.2875%	0.2250%
31	0.0075%	0.0125%	61	0.3150%	0.2400%
32	0.0075%	0.0125%	62	0.3450%	0.2525%
33	0.0075%	0.0150%	63	0.3775%	0.2625%
34	0.0075%	0.0150%	64	0.4100%	0.2725%
35	0.0100%	0.0175%	65+	0.0000%	0.0000%
36	0.0100%	0.0200%			
37	0.0125%	0.0225%			
38	0.0150%	0.0250%			
39	0.0175%	0.0300%			
40	0.0200%	0.0325%			
41	0.0225%	0.0375%			
42	0.0250%	0.0425%			
43	0.0300%	0.0475%			
44	0.0550%	0.0550%			

- Stanley Hourly

The 1985 Wyatt Pension Disability Study Unisex Class One rates are used. These rates are from the 1985 Wyatt Pension Disability Table developed by Watson Wyatt based on OASDI 1965 – 1982 incidence experience.

- Ferry Cap Hourly and Nelson Hourly

None assumed.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement rates

The rates at which participants are assumed to retire by age and service are shown below. Active employees are assumed to receive a timely suspension of benefits notice.

Percentage retiring during the year	
Age	**Males and Females**
60	7.50%
61	7.50%
62	20.00%
63	20.00%
64	25.00%
65	40.00%
66	40.00%
67	40.00%
68	50.00%
69	50.00%
70	100.00%

Current deferred vested participants are assumed to commence at age 65. Benefits for deferred vested participants over normal retirement age have been actuarially increased.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses.

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

The valuation does not reflect special termination benefits for employees in Schedule HA who lose their jobs prior to May 17, 2013, or any other special termination benefits associated with unpredictable contingent events.

The plan liabilities do not include obligations for the benefits accrued through April 30, 2001 that have been guaranteed by a contract with the MetLife Insurance Company. Plan assets also exclude the value of that insurance contract.

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any additional significant benefits required to be valued that were not.

Sources of Data and Other Information

Stanley Black & Decker, Inc., through its third party administrator Wells Fargo, furnished participant data as of January 1, 2021. For Met Life retirees, historical information is used for continuing retirees and Wells Fargo provides updated information for the new commencements during the year. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN:	06-0548860/002
Plan Sponsor:	Stanley Black & Decker, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	Lump sum benefits valued assume that the current lump sum conversion rate remains unchanged in the future.
Administrative expenses	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year, adjusted to reflect changes in the PBGC premiums.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on an experience study conducted in 2017 based on actual participant experience from 2013 to 2016.
Disability	Disability rates are based on plan sponsor expectation for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed. For the legacy Hourly plan, disability rates are based a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Retirement	Retirement rates are based on experience study conducted in 2017 based on actual participant experience from 2013 to 2016.

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits:

■ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
■ Deferred vested benefit	Deferred vested benefit commencement ages are based on an experience study conducted in 2017 based on actual participant experience from 2013 to 2016.
Form of payment	The percentage of retiring participants assumed to take the specified option is based on an experience study conducted in 2017 based on actual participant experience from 2013 to 2016.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020 and reflect the interest rate corridors of ARPA.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

The average retirement age for this group was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table. All retirements are assumed to occur at the beginning of the year.

(a) Age	(b) Rate	(c) Weight	Product (d) (a) x (b) x (c)
60	7.50%	1.0000	4.5000
61	7.50%	0.9250	4.2319
62	20.00%	0.8556	10.6098
63	20.00%	0.6845	8.6247
64	25.00%	0.5476	8.7616
65	40.00%	0.4107	10.6782
66	40.00%	0.2464	6.5055
67	40.00%	0.1479	3.9624
68	50.00%	0.0887	3.0162
69	50.00%	0.0444	1.5303
70	100.00%	0.0222	1.5524
Weighted Average			63.9729
Rounded For Schedule SB Item 22			64

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Stanley Black & Decker, Inc.
EIN/PN	06-0548860/002
Plan Name	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
Valuation Date	January 1, 2021
Enrolled Actuary	Eric Geissler
Enrollment Number	20-07911

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF STANLEY BLACK & DECKER, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STANLEY BLACK & DECKER, INC.

D Employer Identification Number (EIN)
06-0548860

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	151,083,441
b Actuarial value	**2b**	138,046,209

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,528	59,276,567	59,276,567
b For terminated vested participants	1,503	22,318,382	22,318,382
c For active participants	911	32,451,789	34,459,965
d Total	3,942	114,046,738	116,054,914

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.59%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,609,092
b Expected plan-related expenses	**6b**	680,000
c Total (line 6a + line 6b)	**6c**	2,289,092

Statement by Enrolled Actuary

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

SIGN HERE Eric Geissler EG

Signature of actuary

9/28/2022
Date

Eric Geissler
Type or print name of actuary

2007911
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

901-930-0000
Telephone number (including area code)

3340 Players Club Parkway
Suite 200
Memphis TN 38125
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15,448,351
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,381,550
9	Amount remaining (line 7 minus line 8)	0	12,066,801
10	Interest on line 9 using prior year's actual return of 15.08%	0	1,819,674
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,023,975
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.39%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		456,015
	c Total available at beginning of current plan year to add to prefunding balance		3,479,990
	d Portion of (c) to be added to prefunding balance		3,479,990
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17,366,465

Part III Funding Percentages

14	Funding target attainment percentage	14	103.98%
15	Adjusted funding target attainment percentage	15	118.94%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.21%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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

Part VI Miscellaneous Items

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

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	31a	2,289,092
b Excess assets, if applicable, but not greater than line 31a	31b	2,289,092

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

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

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Stanley Hourly

Plan Provisions

December 31, 1955. This Plan was merged into The Stanley Works Retirement Plan on December 31, 1998. Active participants as of April 30, 2001 were spun off to the Plan, retaining the existing plan provisions. Annuities were purchased May 31, 2002 for liabilities for benefits accrued through April 30, 2001. Campbellsville, Heli Coil, Hopkinsville, and Warren all merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business on December 31, 2012. Most recently amended effective October 1, 2020 and restated effective January 1, 2020.

Participation date — Each employee becomes a participant as of the January 1st after completing 30 days employment with the Company.

Definitions

Vesting service — Completed months from employment commencement date.

Credited service

Number of Hours worked	Year of Credited Service
less than 90	.0
90-269	.1
270-449	.2
450-629	.3
630-809	.4
810-989	.5
990-1169	.6
1170-1349	.7
1350-1529	.8
1530-1619	.9
1620 and over	1.0

Normal retirement date (NRD) — Payments commence on the first day of the month coinciding with or following the participant's normal or actual retirement date.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	The monthly pension benefit is equal to the pension benefit rate set forth in the appropriate Plan Specification Schedule multiplied by the participant's years of credited service.
Monthly preretirement death benefit	The monthly surviving spouse's benefit is 50% of the benefit the participant would have received if he had retired early on the date of his death (or at the earliest age eligible to receive benefits, if later) and elected to receive his benefit in the form of a 50% joint and survivor annuity.

Eligibility for Benefits

Normal retirement	A participant is eligible for normal retirement on his 65th birthday.
Early retirement	A participant who has completed the number of years of continuous employment specified in the Plan Specification Schedule and who has attained age 60 is eligible to retire on the first day of any month and receive an early retirement benefit.
Postponed retirement	Retirement after NRD
Deferred vested termination	A participant whose employment is terminated before death or retirement but after 5 or more years of employment is eligible for a vested deferred retirement benefit.
Disability	A participant who has completed ten years of continuous employment prior to his normal retirement date and who becomes totally and permanently disabled for a period of 6 or more months is eligible for a disability benefit.
Preretirement death benefit	The surviving spouse (married to the participant for at least 12 months) of a participant who dies after five or more years of vesting service shall receive a monthly life annuity.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit is equal to the pension benefit rate set forth in the appropriate Plan Specification Schedule multiplied by the participant's years of credited service.
Early retirement	The normal retirement benefit formula is used but the benefit is reduced by the factor set forth in the Plan Specification Schedule for each full calendar month between the date benefit payments begin and the participant's normal retirement date.

SCHEDULE SB ATTACHMENTS

Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The participant's monthly pension benefit under the normal retirement benefit.
Disablement	The normal retirement benefit formula is used except the minimum benefit shall not be less than $75 per month until the participant becomes eligible for Social Security benefits. The benefit is reduced by any Worker's Compensation benefits payable to the participant.
Preretirement death	The monthly surviving spouse's benefit is 50% of the benefit the participant would have received if he had retired early on the date of his death (or at the earliest age eligible to receive benefits, if later) and elected to receive his benefit in the form of a 50% joint and survivor annuity.

Other Plan Provisions

Forms of payment

For a single participant the normal form of payment is a monthly pension ceasing at the retired participant's death. For a married participant the normal form of payment is a reduced monthly pension which allows for a continuation of payments equal to one half of the reduced pension to the surviving spouse after the participant's death. Any participant may elect, by written application, to receive the normal benefit or other optional forms of benefit payment.

Optional forms of payment include: life annuity, 50%, 66-2/3%, 75% and 100% joint and survivor annuities, 10-year certain and continuous annuity and lump sums (only for participants in Specification Schedule HA). A participant who retires prior to age 62 may elect to receive his benefit under the Social Security level benefit option (SSLO) Conversion factors for all except the lump sum, SSLO, and 75% joint and survivor annuities are based on arithmetic tables, with factors varying by age of the participant and beneficiary. The lump sum and the SSLO are based on the statutory interest rate and mortality under 417(e)(3). 75% joint and survivor annuity is based on 5% and UP94 male mortality.

SCHEDULE SB ATTACHMENTS

Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
IPA	In addition to the formula benefits described above, the plan is responsible to provide the excess, if any, of the notional account balances of all (salaried and hourly) Stanley savings plan participant contributions (including rollover contributions) made prior to July 1, 1998 over the market value of the actual account balances. This excess is determined when the participant receives a distribution of his savings plan account balance and continues to grow with notional interest until a distribution is taken from this plan.
Net Contributory Benefit	The Plan is responsible for providing the net contributory benefit from the former salaried retirement plan for those participants who elect to receive their net benefit in the form of a monthly payment and who direct to have the appropriate funds transferred from their Account Value Plan account to this Plan.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HA
The Stanley Works - New Britain, Farmington and Plantsville, Connecticut

Eligibility for Benefits

Early retirement

Two options:

(i) Age 60 after 25 years of continuous employment, or
(ii) Age 60 and 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit is as specified in the following schedule:

Termination Date	Pension Rate
06/01/81 to 05/31/82	$13.00
06/01/82 to 05/31/83	14.00
06/01/83 to 05/09/85	15.00
05/10/85 to 05/31/86	16.00
06/01/86 to 05/13/88	17.00
05/14/88 to 05/31/89	18.00
06/01/89 to 05/31/91	19.00
06/01/91 to 05/31/92	20.00
06/01/92 to 05/31/94	21.00
06/01/94 to 05/31/95	22.00
06/01/95 to 05/31/96	23.00
06/01/96 to 05/31/97	24.00
06/01/97 to 05/31/00	26.00
06/01/00 to 05/31/03	28.00
06/01/03 to 05/31/06	30.00
06/01/06 to 05/31/10	32.00
06/01/10 to 05/31/13	34.00
06/01/13 to 05/31/16	36.00
06/01/16 to 05/31/19	38.00
On or after 06/01/19	40.00

SCHEDULE SB ATTACHMENTS

Early retirement	Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date. Following eligibility option (ii) above, normal benefit formula used but benefit is reduced by .4% for each full calendar month between the date payments begin and age 65. Credited service includes service accrued by participants in Stanley-Berry Pension Plan prior to May 1, 1973 and who were employed by the Company on that date.
Postponed retirement supplemental benefit	Retired participants shall receive a monthly pension supplement of $8.20 at normal retirement date to offset a portion of Medicare Part "B" premium. The supplemental benefit was removed for retirements after May 31, 2016.
Preretirement death	An unmarried participant may name a designated beneficiary to receive the preretirement death benefit similar to the spouse of a married participant.

Other Plan Provisions

Forms of payment	Lump sum option is available for employees who retiree on or after September 1, 1991.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Permanent Job Loss

For participants who lose their jobs as a result of a structural decision made by Stanley (permanent outsourcing or relocation of the job, permanent discontinuance of product or product line, or automation of processes that result in permanent job elimination) between May 10, 2003 and May 17, 2013, the following special provisions apply:

All participants who are due a vested benefit are eligible to commence their monthly benefit at any time prior to their normal retirement date, subject to a reduction of 0.6% for each calendar month by which the benefit commencement date precedes the normal retirement date, up to a maximum reduction of 72%.

Participants who are age 55 with at least 25 years of vesting service at the time they lose their jobs are eligible to commence their monthly benefit at any time prior to their normal retirement date with a reduction of 0.4% per month for each month that the benefit commencement date precedes age 60.

Lump sum option is also available.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HD
Stanley Door Systems - Troy, Michigan

Eligibility for Benefits

Early retirement

Two options:

(i) Age 62 after 30 years of continuous employment, or
(ii) Age 60 with 15 years of continuous employment.

Disability

15 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit is as specified in the following schedule:

Termination Date	Pension Rate
05/01/84 to 06/30/85	$10.00
07/01/85 to 06/30/86	12.00
07/01/86 to 06/30/87	13.00
07/01/87 to 04/30/88	14.00
05/01/88 to 04/30/89	15.00
05/01/89 to 04/30/90	16.00
05/01/90 to 04/30/91	17.00
05/01/91 to 04/30/92	18.00
05/01/92 to 04/30/93	19.00
05/01/93 to 04/30/94	20.00
05/01/94 to 04/30/95	22.00
05/01/95 to 04/30/96	23.00
05/01/96 to 04/30/97	24.00
On or after 05/01/97	26.00

Credited service includes service accrued by participants in Stanley-Berry Pension Plan prior to May 1, 1973 and who were employed by the Company on that date.

SCHEDULE SB ATTACHMENTS

Early retirement	Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date. Following option (ii) above, normal benefit formula used but benefit is reduced by .6% for each full calendar month between the date payments begin and age 65.

Other Plan Provisions

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HK
Eagle Square Plant - Shaftsbury, Vermont

Eligibility for Benefits

Early retirement

Two options:

(i) Age 62 after 30 years of continuous employment, or
(ii) Age 60 with 10 years of continuous employment.

Disability

15 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit is as specified in the following schedule:

Termination Date	Pension Rate
08/04/80 to 07/31/81	$9.00
08/01/81 to 07/31/82	10.00
08/01/82 to 08/31/83	11.00
09/01/83 to 07/31/84	12.00
08/01/84 to 07/31/85	12.50
08/01/85 to 06/30/86	13.00
07/01/86 to 06/30/87	13.50
07/01/87 to 06/30/88	14.00
07/01/88 to 07/31/89	14.50
08/01/89 to 06/30/90	15.50
07/01/90 to 06/30/91	16.25
07/01/91 to 07/31/92	16.75
08/01/92 to 06/30/93	17.75
07/01/93 to 06/30/94	18.50
07/01/94 to 07/31/95	19.25
08/01/95 to 07/31/98	21.25
08/01/98 to 07/31/01	24.25
On or after 08/01/01	26.25

Early retirement

Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date.

Following eligibility option (ii) above, normal benefit formula used but benefit is reduced by .6% for each full calendar month between the date payments begin and age 65.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HS
Stanley Tools Division of The Stanley Works -York, Pennsylvania

Eligibility for Benefits

Normal retirement — The later of age 65 or 5 years employment.

Early retirement — Age 60 with 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement — The monthly pension benefit as specified in the following schedule:

Termination Date	Pension Rate
01/01/87 to 12/31/87	$9.00
01/01/88 to 12/31/88	9.50
01/01/89 to 12/31/89	10.50
01/01/90 to 12/31/90	11.00
01/01/91 to 12/31/91	11.50
01/01/92 to 12/31/92	12.50
01/01/93 to 12/31/93	13.00
01/01/94 to 12/31/94	13.50
01/01/95 to 12/31/95	14.00
01/01/96 to 11/30/97	16.00
On or after 12/01/97	19.00

The minimum monthly benefit payable is $50.

Early retirement — Normal retirement benefit formula used except benefit is reduced by .6% for each full calendar month between the date payments begin and normal retirement date.

Disability — Minimum disability benefit is $100 until participant becomes eligible for Social Security benefits.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN:	06-0548860/002
Plan Sponsor:	Stanley Black & Decker, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HT
Stanley Electronics - Novi, Michigan

Plan Provisions

The original effective date of the plan was January 1, 1978.

Participation date The completion of 30 days employment.

Eligibility for Benefits

Early retirement Age 60 with 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit as specified in the following schedule:

Termination Date	Pension Rate
06/01/84 to 07/31/85	$6.50
08/01/85 to 07/31/86	7.00
08/01/86 to 07/31/87	7.50
08/01/87 to 12/31/88	8.00
01/01/89 to 12/31/90	9.00
01/01/91 to 06/30/91	10.00
07/01/91 to 06/30/92	11.00
07/01/92 to 06/30/93	12.00
07/01/93 to 06/30/94	14.00
07/01/94 to 06/30/95	15.00
07/01/95 to 06/30/96	16.00
On or after 07/01/96	17.00

Early retirement Normal retirement benefit formula used but benefit is reduced by .4% for each full calendar month payments commence prior to normal retirement date.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN:	06-0548860/002
Plan Sponsor:	Stanley Black & Decker, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HY
Access Technologies Group - Eastern New England

Plan Provisions

The original effective date of the plan was September 14, 1970. Participants with an employment commencement date on or after March 1, 2007, and prior to March 1, 2020, are not considered Employees and are not eligible during any period in which he or she is covered by a collective bargaining agreement with the Company.

Eligibility for Benefits

Early retirement Age 60 with 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit as specified in the following schedule:

Termination Date	Pension Rate
03/01/80 to 02/28/81	$11.00
03/01/81 to 02/28/82	12.00
03/01/82 to 05/31/83	13.00
06/01/83 to 02/29/84	13.50
03/01/84 to 02/28/85	14.00
03/01/85 to 02/28/86	14.50
03/01/86 to 12/31/86	15.00
01/01/87 to 12/31/87	15.50
01/01/88 to 02/28/89	16.00
03/01/89 to 12/31/89	17.00
01/01/90 to 12/31/90	18.00
01/01/91 to 02/28/92	19.00
03/01/92 to 02/28/93	19.75
03/01/93 to 02/28/94	20.50
03/01/94 to 03/31/95	21.25
04/01/95 to 02/29/96	22.00
03/01/96 to 02/28/97	22.75
03/01/97 to 03/31/98	23.50
04/01/98 to 02/28/2001	26.00
On or after 03/01/2001	28.00

Early retirement The normal retirement benefit is used, but the benefit is reduced by .4% for each full calendar month between the date payments begin and age 65.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

Participants with an employment commencement date on or after March 1, 2007, and prior to March 1, 2020, are not considered Employees and are not eligible during any period in which he or she was covered by a collective bargaining agreement with the Company.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAB
Stanley Tools - Royersford Plant
Covering Persons Covered by the Collective Bargaining Agreement with The United Rubber, Cork, Linoleum and Plastics Workers of America Local Union No. 819

Plan Provisions

The original effective date of the plan was February 15, 1970.

Eligibility for Benefits

Normal retirement

The later of age 65 or 10 years employment, but no later than age 70.

Early retirement

Age 60 with 10 years of credited service. (Age 55 with 10 years of credited service if hired prior to January 1, 1987).

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit is as specified in the following schedule:

Termination Date	Pension Rate
04/01/83 to 04/30/84	$10.00
05/01/84 to 04/30/85	10.50
05/01/85 to 04/30/86	11.00
05/01/86 to 03/31/87	11.50
04/01/87 to 12/31/87	12.00
01/01/88 to 12/31/88	12.50
01/01/89 to 03/31/90	13.00
04/01/90 to 12/31/90	14.00
01/01/91 to 12/31/91	14.50
01/01/92 to 03/31/93	15.50
04/01/93 to 03/31/94	16.50
04/01/94 to 03/31/95	17.00
04/01/95 to 04/30/96	18.00
05/01/96 to 03/31/98	20.50
04/01/98 to 03/31/99	21.00
On or after 04/01/99	22.00

Early retirement

The normal retirement benefit formula is used, but the benefit is reduced by .4% for each calendar month between the date payments begin and age 65.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The normal retirement benefit formula is used, but the benefit is actuarially reduced if payments commence prior to normal retirement date. In the event the plant closes, the participant may elect to receive the greater of the lump sum value of the accrued benefit or $200 for each year of credited service.
Disablement	Monthly benefit equal to the greater of (a) $100 or, (b) $8.00 multiplied by years of credited service.

Other Plan Provisions

Forms of payment	For a single participant the normal form of payment is a monthly pension ceasing at the retired participant's death with 60 payments certain.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAD
MacTools, Inc. Bargaining - Sabina, Ohio
Covering Hourly Paid Employees of MacTools, Inc. Covered by the Collective Bargaining Agreement with United States Steel Workers of America

Plan Provisions

The original effective date of the plan was January 1, 1979.

Participation date — The first January 1st after being employed for 6 months.

Eligibility for Benefits

Early retirement — Age 60 with 10 years of continuous employment.

Early retirement window — Age 60 with 25 years of continuous employment and last day worked occurs between January 1, 2004 and October 30, 2011.

Benefits Paid Upon the Following Events

Normal retirement — The monthly pension benefit is as specified in the following schedule:

Termination Date	Pension Rate
01/01/84 to 12/31/84	$7.00
01/01/85 to 12/31/86	7.50
01/01/87 to 12/31/87	8.00
01/01/88 to 12/31/88	9.00
01/01/89 to 12/31/89	9.50
01/01/90 to 12/31/90	10.00
01/01/91 to 12/31/91	11.00
01/01/92 to 12/31/92	11.50
01/01/93 to 10/31/93	12.00
11/01/93 to 10/31/95	12.50
11/01/95 to 10/31/96	13.00
11/01/96 to 10/31/99	14.50
11/01/99 to 12/31/03	17.00
01/01/04 to 12/31/07	20.00
On or after 01/01/2008	24.00

Credited service includes service accrued prior to January 1, 1981 under the MacTools, Inc. Pension Plan.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Early retirement	The normal retirement benefit formula is used, but the benefit is reduced by .4% for each full calendar month between the date payments begin and age 65.
Unreduced early retirement	Unreduced normal retirement benefit.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAH
Stanley Magic Door, Inc. - Columbia, Maryland

Plan Provisions

The original effective date of the plan was January 1, 1983.

Eligibility for Benefits

Early retirement — Age 60 with 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement — The monthly pension benefit is specified in the following schedule:

Termination Date	Pension Rate
01/01/83 to 06/30/87	$5.00
07/01/87 to 06/30/88	6.50
07/01/88 to 06/30/89	8.00
07/01/89 to 06/30/90	10.00
07/01/90 to 06/30/91	12.00
07/01/91 to 06/30/92	13.00
07/01/92 to 06/30/93	14.00
07/01/93 to 06/30/94	16.00
07/01/94 to 06/30/95	17.00
07/01/95 to 06/30/96	19.00
07/01/96 to 06/30/97	20.00
07/01/97 to 06/30/98	22.00
07/01/98 to 06/30/00	24.00
07/01/00 to 06/30/03	28.00
07/01/03 to 06/30/06	30.00
07/01/06 to 06/30/09	32.00
07/01/09 to 09/30/17	33.00
On or after 10/01/17	34.00

Credited service excludes service prior to March 1, 1979.

Early retirement — The normal retirement benefit formula is used, but the benefit is reduced by .4% for each full calendar month between the date payments begins and age 65.

Disablement — The minimum benefit is $50 per month until the participant becomes eligible for Social Security benefits.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAI
Stanley Home Automation - Covington, Ohio

Plan Provisions

The original effective date of the plan was December 1, 1972.

Participation date — An employee becomes a participant on the first day of the month in which he becomes a participant of a collective bargaining unit at the Stanley Automatic Door Openers Division in Covington, Ohio.

Eligibility for Benefits

Early retirement — Age 60 with 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement — The monthly pension benefit is specified in the following schedule:

Termination Date	Pension Rate
01/07/85 to 01/31/86	$7.00
02/01/86 to 12/31/86	7.50
01/01/87 to 12/31/87	8.00
01/01/88 to 01/31/89	8.50
02/01/89 to 01/31/91	9.50
02/01/91 to 01/31/92	10.50
02/01/92 to 01/31/93	11.00
02/01/93 to 01/31/94	11.50
02/01/94 to 01/31/95	12.00
02/01/95 to 01/31/96	13.00
02/01/96 to 01/31/97	14.00
On or after 02/01/97	15.00

Early retirement — Normal retirement benefit formula used but benefit reduced by 5/9 of 1% for each calendar month payments commence prior to normal retirement date.

Deferred vested termination — Reduction factor of 5/9 of 1% for each calendar month payments commence prior to normal retirement date.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN:	06-0548860/002
Plan Sponsor:	Stanley Black & Decker, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAQ
Stanley-Bostitch, Inc. - East Greenwich, Rhode Island; Atlanta, Georgia; Sales and Distribution Centers in the United States; and Sutton Landis-St. Louis

Plan Provisions

The original effective date of the plan was February 22, 1986.

Participation date Each employee becomes a participant after being credited with 1,000 or more hours for the first 12 months of employment or for any calendar year thereafter. Former participants in the Bostitch Employees Pension Plan who, as of October 1, 1986 were no longer employed by the employer, were entitled to receive future benefits from the plan and were not yet in receipt of benefits shall also be participants under this plan.

Eligibility for Benefits

Early retirement Two options:

(i) Age 62 after 30 years of continuous employment, or
(ii) Age 60 and 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension is determined on all years of credited service earned prior to January 1, 2001 as specified in the following schedule:

Termination Date	Pension Rate
02/22/86 to 12/31/89	$12.50
01/01/90 to 05/31/90	13.50
06/01/90 to 12/31/92	15.00
01/01/93 to 12/31/95	16.00
On or after 01/01/96	17.00

Credited Service includes service accrued prior to February 22, 1986 under the Bostitch Employees Pension Plan.

The monthly pension for years of credited service earned after January 1, 2001 shall be determined as specified in the following schedule:

Termination Date	Pension Rate
On or after 01/01/2001	$25.00

SCHEDULE SB ATTACHMENTS

Early retirement

Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date.

Following eligibility option (ii) above, normal benefit formula used but benefit is reduced by .4% for each full calendar month between the date payments begin and age 65.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAS
Stanley-Bostitch, Inc. - Fullerton, California

Plan Provisions

The original effective date of the plan was January 1, 1978.

Participation date

Each employee becomes a participant after being credited with 1,000 or more hours for the first 12 months of employment or for any calendar year thereafter.

Eligibility for Benefits

Early retirement

Age 55 with 10 years of vesting service.

Preretirement death benefit

All active participants.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit as specified in the following schedule:

Termination Date	Pension Rate
01/01/78 to 12/31/89	$10.30
01/01/90 to 12/31/90	11.50
01/01/91 to 12/31/91	12.00
01/01/92 to 12/31/95	12.50
01/01/96 to 12/31/98	13.50
01/01/99 to 12/31/2004	16.00
On or after 01/01/2005	17.50

Credited Service includes service accrued prior to February 22, 1986 under the Bostitch Los Angeles Hourly Pension Plan.

Early retirement

The normal retirement benefit is used but the benefit is reduced by 1/2 of 1% for each full calendar month between the date benefit payments begin and the participant's normal retirement date.

Deferred vested termination

Reduction factor of 1/2 of 1% for each calendar month payments commence prior to normal retirement date.

Disablement

The $75 minimum benefit does not apply.

SCHEDULE SB ATTACHMENTS

Preretirement death	In addition to any surviving spouse's benefit, 60 monthly payments of the participant's projected benefit at age 65 will be paid to the named beneficiary.

Other Plan Provisions

Form of payment	For a single participant the normal form of payment is a monthly pension ceasing at the retired participant's death with 60 payments certain. The 66-2/3% joint and survivor option and the 10-year certain and continuously annuity option are not available.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAU
Stanley Bostitch (Halstead) - Rancho Cucamonga, California

Plan Provisions

The original effective date of the plan was June 1, 1988.

Eligibility for Benefits

Early retirement

Two options:

(i) Age 62 after 30 years of continuous employment, or
(ii) Age 60 and 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement

Termination Date	Pension Rate
Prior to 12/31/95	$ 9.00
On or after 01/01/96	$ 10.00

Credited service excludes service prior to January 1, 1987.

Early retirement

Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date.

Following eligibility option (ii) above, normal benefit formula used but benefit is reduced by .4% for each full calendar month between the date payments begin and age 65.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAV
Stanley Tools - Kansas City, Kansas

Plan Provisions

The original effective date of the plan was April 4, 1992.

Eligibility for Benefits

Normal retirement

A participant is eligible for normal retirement on the later of his 65th birthday and the completion of five years of vesting service.

Early retirement

Two options:

(i) 30 years of credited employment, or

(ii) Age 55 and 15 years of credited employment.

Disability

15 years of credited service.

Benefits Paid Upon the Following Events

Normal retirement

Effective April 4, 1992, the pension benefit is as specified in the following schedule:

	Pension Rate For:	
Termination Date	**Goldblatt Service**	**Stanley Service**
04/04/93 to 10/26/93	$0.50	$17.50
10/27/93 to 10/26/94	1.50	18.50
10/27/94 to 10/26/95	2.00	19.00
10/27/95 to 11/30/96	2.50	19.50
12/01/96 to 02/28/99	4.50	21.50
On or after 03/01/99	6.50	23.50

Goldblatt credited service is service accrued by participants in the Goldblatt Plan as of April 3, 1992

Stanley credited service is service accrued by participants on or after April 4, 1992.

1,700 hours equals one year of service. Service calculated to nearest 1/10 year if under 1700 hours.

Maximum credited service (Goldblatt credited service plus Stanley credited service) is 30 years.

SCHEDULE SB ATTACHMENTS

Early retirement	Following eligibility option (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date with no reduction. In addition, receive supplement for Goldblatt plan pension benefit (early retirement reduction) if Goldblatt benefit is started at same time as Stanley benefit. Following eligibility option (ii) above, normal benefit formula used but benefit is actuarially reduced (UP84 (+1), 6.0%) for each full calendar month between the date payments begin and at age 65.
Disablement	A monthly benefit equal to $16.00 multiplied by years of Stanley credited service.
Preretirement death	The monthly surviving spouse's benefit is 50% of the benefit the participant would have received if he had retired early on the date of his death (or at the earliest age eligible to receive benefits, if later) and elected to receive his benefit in the form of a 50% joint and survivor annuity. Vested terminated participants may elect coverage for their spouse. The retirement or death benefit for such participants will be reduced by 7/10% for each year the coverage is in effect and a pro rata amount for each partial year.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAW
Doors Product Group/Local Union No. 636
Glaziers and Architectural Metal and Glass Workers
Chatsworth, California

Plan Provisions

The original effective date of the plan was January 1, 2000.

Participation date — Each employee becomes a participant after being credited with 1,000 or more hours for the first 12 months of employment or for any calendar year thereafter.

Eligibility for Benefits

Early retirement — Age 60 and 10 years of continuous employment.

Disability — 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement — The monthly pension is determined on all years of credited service as specified in the following schedule:

Termination Date	Pension Rate
01/01/2000 to 05/31/2003	10.00
On or after 06/01/2003	13.00

Early retirement — Normal benefit formula used but benefit is reduced by .6% for each full calendar month between the date payments begin and age 65.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Schedule HAX
Stanley Fastening Systems – Clinton, Connecticut and Visalia, California

Plan Provisions

The original effective date of the plan was February 22, 1986.

Participation date

Each employee becomes a participant after being credited with 1,000 or more hours for the first 12 months of employment or for any calendar year thereafter. Former participants in the Bostitch Employees Pension Plan who, as of October 1, 1986 were no longer employed by the employer, were entitled to receive future benefits from the plan and were not yet in receipt of benefits shall also be participants under this plan.

Eligibility for Benefits

Early retirement

Two options:

(i) Age 62 after 30 years of continuous employment, or
(ii) Age 60 and 10 years of continuous employment.

Benefits Paid Upon the Following Events

Normal retirement

For participants terminating employment prior to May 1, 2005, the monthly pension is determined on all years of credited service earned prior to May 1, 2002 as specified in the following schedule:

Termination Date	Pension Rate
02/22/86 to 12/31/89	$12.50
01/01/90 to 05/31/90	13.50
06/01/90 to 12/31/92	15.00
01/01/93 to 12/31/95	16.00
01/01/96 to 04/30/2002	17.00
on and after 05/01/2002	20.00

Credited Service includes service accrued prior to February 22, 1986 under the Bostitch Employees Pension Plan.

The monthly pension for years of credited service earned after May 1, 2002 shall be determined as specified in the following schedule:

Termination Date	Pension Rate
On or after May 1, 2002	$25.00

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

For participants terminating employment on or after May 1, 2005, the monthly pension is determined on all years of service earned prior to February 1, 2002 as follows:

Termination Date	Pension Rate
On or after 05/1/2005	$22.00

For participants terminating employment on or after May 1, 2005, the monthly pension is determined on all years of service earned after to February 1, 2002 as follows:

Termination Date	Pension Rate
5/1/2005 to 04/30/2008	$26.00
5/1/2008 to 04/30/2009	$27.00
On or after 05/1/2009	$28.00

Early retirement

Following eligibility *option* (i) above, normal benefit formula used for rate in effect at early retirement date; payable at early retirement date.

Following eligibility option (ii) above, normal benefit formula used but benefit is reduced by .4% for each full calendar month between the date payments begin and age 65.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions Different from the Main Plan
Divestitures and Closings

The following Plan Specification Schedules do not cover active participants as a result of the sale or closing of the respective division or plant:

Schedule	Division or Plant
E	Stanley Power Tools New Bern, North Carolina
F	Atha Plant - Newark, New Jersey
G	Stanley Drapery Hardware Wallingford, Connecticut
JH	Magnelite, Inc. Omaha, Nebraska
M	Stanley Magic Doors - Farmington, Connecticut
O	Strapping Systems - Pittsburg, California
P	Stanley Artex Division
Q	Queens Village Plant of Volkert Stampings, Incorporated
R	Stanley Industrial Components Division
U	Franklin Plant - Franklin, New Hampshire
W	Compo-Cast - Indianapolis, Indiana
X	Steel Midwest Plant - Ottawa, Ohio
Z	Fowlerville Plant, Fowlerville, Michigan
AA	Stanley Home Automation - Detroit, Michigan
AC	Stanley Structures - San Antonio, Texas
AF	Stanley Magic Door - Chicago, Illinois
AG	Stanley Hardware Plumbing
AK	Taylor Rental Corporation - Springfield, Massachusetts
AL	Stanley Magic Door-Parking Division - Madison Heights, Michigan
AN	Taylor Rental Store Employees
AR	Sutton/Landis Shoe Machinery Co. - St. Louis, Missouri

SCHEDULE SB ATTACHMENTS

Transfer to Salaried Retirement Plan

The following Plan Specification Schedules do not cover participants as a result of the transfer to the Stanley Salaried Retirement Plan effective January 1, 1990:

Schedule	Division or Plant
B	Stanley Tools - Cheraw, South Carolina
C	Stanley Tools - Shelbyville, Tennessee
H	Stanley Vidmar - Allentown, Pennsylvania
I	Stanley Tools - Pulaski, Tennessee
L[1]	Farmington River Power - Windsor, Connecticut
N[2]	Stanley Hydraulic Tools - Clackamas, Oregon
V	MacTools, Inc. Non-Bargaining - Columbus, Georgetown, Washington Court House, and Sabina, Ohio; Oklahoma City, Oklahoma; Sacramento, California
AE	Stanley Inter-America Distribution Center - Miami, Fla.
AJ	Stanley-Proto Industrial Tool Division - Wichita Falls, Texas
AM	Stanley Tools - Pittsfield, Vermont
AP	Stanley Door Systems Branch Operation - Winchester, Virginia; Orlando, Fla; and Rancho Cucamonga, California
AT	Stanley Tools - Charlotte, North Carolina

1 Transfer effective January 1, 1992.
2 Transfer of active participants effective January 1, 1995.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Campbellsville

Plan Provisions

The plan was originally effective December 15, 1973. Amended and restated effective January 1, 2007. The Campbellsville plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business on December 31, 2012. Most recently amended effective January 1, 2017.

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

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 and ten years of Vesting Service Credit.
Deferred vested termination	Earlier of age 65 and five years of Vesting Service Credit.
Disability	Fifteen years of Vesting Service Credit.
Preretirement death benefit	Five years of Vesting Service Credit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

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

Termination Date	Monthly Unit
01/01/1979 to 12/31/1981	$5.00
01/01/1982 to 12/31/1982	$5.50
01/01/1983 to 12/31/1983	$6.00
01/01/1984 to 12/31/1984	$7.00
01/01/1985 to 12/31/1985	$8.00
01/01/1986 to 12/15/1986	$9.00
12/16/1986 to 12/31/1989	
Benefit Service Date prior to 12/14/1973	$4.50
Benefit Service Date on or after 12/14/1973	$9.00
01/01/1990 to 12/31/1990	$9.00
01/01/1991 to 12/31/1991	$10.00
01/01/1992 to 12/14/1992	$11.00
12/15/1992 to 12/14/1993	$13.00
12/15/1993 to 12/14/1994	$14.00
12/15/1994 to 12/31/1995	$14.50
01/01/1996 to 12/31/1996	$15.00
01/01/1997 to 12/31/1997	$15.50
01/01/1998 to 12/31/1998	$16.00
01/01/1999 to 12/31/1999	$17.00
01/01/2000 to 12/31/2000	$18.50
01/01/2001 to 12/31/2001	$20.00
01/01/2002 to 12/31/2002	$20.50
01/01/2003 to 12/31/2003	$21.00
01/01/2004 to 12/31/2004	$21.50
01/01/2005 to 12/31/2007	$24.00
01/01/2008 to 09/30/2010	$28.00
10/01/2010 to 12/31/2013	$30.00
01/01/2014 to 12/31/2016	$32.00
01/01/2017 and later	$34.50

Payments commence on the first day of the month coinciding with or following the participant's normal or actual retirement date.

Early retirement

Actuarial equivalent of accrued normal retirement pension as of early retirement date or date benefit is to commence, if later.

Payments commence on the first day of the month coinciding with or following the month the participant retires and elects benefit commencement.

SCHEDULE SB ATTACHMENTS

Deferred vested termination	Starting at age 65, a pension calculated as for normal retirement, based on Benefit Service Credit to date of termination. If a former employee had ten years of vesting service, a benefit is payable commencing between ages 55 and 65 reduced by the same factors applicable to early retirement. Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date, or the participant may elect to have payments commence as early as the first day of the month coinciding with or next following his attainment of age 55, in an amount reduced for early commencement.
Disablement	Actuarial equivalent, as in early retirement, of accrued normal retirement pension as of disability retirement date is payable until age 65. Accrued normal retirement pension as of disability retirement date is payable after age 65.
Preretirement death	For an employee who dies after attaining age 55, the pension is calculated as if the employee had retired on first day of the month in which he died with the automatic form of pension in effect. For an employee who dies prior to attaining age 55, the pension commences when the deceased employee would have attained age 55 and is calculated as if the employee had terminated employment on his date of death and commenced receiving a reduced deferred benefit at age 55 with the automatic form of pension in effect. For participants who terminated prior to January 1, 1992, pensions of the employees and their surviving spouses are reduced to reflect the cost of the coverage during the period it is in effect
Other Plan Provisions	
Forms of payment	Single Life Annuity, Spouse's Joint and 50% Survivor Annuity, and Spouse's Joint and 75% Last Survivor Annuity. A participant whose present value of benefits is $1000 or less will receive an automatic cashout.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Ferry Cap Hourly

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on February 28, 2017. The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business December 31, 2018.

Covered employees	Employees of The Ferry Cap & Set Screw Company who were compensated on an hourly basis and who are represented by Local #233 of the International Association of Machinists and Aerospace Workers, District #54. Participation is frozen as of March 1, 2017.
Participation date	January 1 or July 1 immediately following the completion of one year of vesting service. Participation is frozen as of March 1, 2017.

Definitions

Credited service	One full year for each plan year during which participants complete at least 1,600 hours of service. For years in which participants complete at least 1,000, but less than 1,600 hours of service, a pro rata portion of service is granted by dividing the number of hours of service by 1,600, rounded to the nearest tenth
Vesting service	One year for each plan year during which the participant completes at least 1,000 hours of service
Normal retirement date (NRD)	First of month coinciding with or next following the later of the attainment of age 65 and the fifth anniversary of participation in the plan

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The monthly pension benefit payable to an eligible participant is based on their years of service multiplied by the applicable dollar amounts listed below:

Termination Date	Multiplier
11/6/2000-2/14/2002	$26.00
2/15/2002-2/14/2003	$27.00
2/15/2003-2/14/2004	$28.00
2/15/2004-2/14/2005	$29.00
2/15/2005-2/28/2010	$30.00
3/1/2010-2/28/2011	$31.00
3/1/2011-2/28/2017	$32.00
3/1/2017-2/28/2018	$32.00 for service prior to 3/1/2017 plus $33.00 for service after 3/1/2017
On or after 3/1/2018	$32.00 for service prior to 3/1/2017 plus $33.00 for service 3/1/2017 – 2/28/2018, and $34.00 for service thereafter

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as of the earliest retirement date of the participant

Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on the later of attaining age 62 and completing 10 years of credited service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, if the participant has 10 or more years of vesting service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse
Postretirement death benefit	Death while in pay under normal, early, or disability retirement after March 15, 1977.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events	
Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The monthly pension benefit determined as of the early retirement date, reduced by 1/180 for each month of payment before NRD
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced by 1/180 for each month that payment precedes the participant's NRD
Disablement	The monthly pension benefit determined as of the date of the disablement, reduced by a maximum of 3 years under the early retirement provision, and payable as of the date of disablement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is reduced by 1/180 for each month that payment precedes the date the participant would have been 65 years old.
Postretirement death	A lump sum benefit payable upon death, based upon years of credited service at retirement date as follows:

Credited Service	Lump Sum Benefit
8 to 20 years	$1,000
20 to 25 years	$2,000
25 or more years	$2,500

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100%, 75%, or 50% joint and survivor annuities.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Heli-Coil

Plan Provisions

The plan was originally effective March 1, 1970. Amended and restated effective January 1, 2007. Most recently amended effective April 1, 2015. The Heli-Coil plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business on December 31, 2012.

Covered employees	Covered employee with 1 year of Eligibility Service Credit. Participation closed to new employees hired on or after April 1, 2009.

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 62 and ten years of Vesting Service Credit.
Deferred vested termination	Age 65 or 5 years of Vesting Service Credit.
Disability	The participant is totally disabled and at least age 45 and has ten years of Vesting Service Credit.
Preretirement death benefit	Five years of Vesting Service Credit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly unit below multiplied by years of Benefit Service Credit.

Termination Date	Monthly Unit
03/01/1976 to 02/28/1977	$6.50
03/01/1977 to 02/28/1979	$7.00
03/01/1979 to 02/28/1981	$8.00
03/01/1981 to 02/28/1982	$9.00
03/01/1982 to 02/29/1984	$10.00
03/01/1984 to 02/28/1985	$11.00
03/01/1985 to 02/28/1986	$12.00
03/01/1986 to 02/28/1987	$12.50
03/01/1987 to 02/29/1988	$13.00
03/01/1988 to 02/28/1989	$13.50
03/01/1989 to 02/28/1990	$14.00
03/01/1990 to 03/22/1991	$14.50
03/23/1991 to 03/22/1992	$15.50
03/23/1992 to 03/22/1993	$16.00
03/23/1993 to 03/22/1994	$16.50
03/23/1994 to 03/22/1995	$17.00
03/23/1995 to 03/22/1996	$17.50
03/23/1996 to 03/22/1997	$18.00
03/23/1997 to 03/22/1998	$18.50
03/23/1998 to 03/22/1999	$19.00
03/23/1999 to 03/17/2000	$19.50
03/18/2000 to 03/17/2001	$20.00
03/18/2001 to 03/17/2002	$20.75
03/18/2002 to 03/20/2003	$21.50
03/21/2003 to 03/20/2004	$24.50
03/21/2004 to 03/20/2005	$25.00
03/21/2005 to 03/20/2006	$25.50
03/21/2006 to 03/19/2009	$28.50
03/20/2009 to 04/30/2012	$30.00
05/01/2012 to 03/30/2015	$35.00
04/01/2015 to 03/30/2018	$38.00
04/01/2018 and After	$39.25

Payments commence on the first day of the month following the participant's 65th birthday.

Early retirement

Pension calculated as for normal retirement without reduction for early retirement.

Payments commence on the first day of the month coinciding with or following the month the participant retires and elects benefit commencement.

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The participant's accrued benefit as of the termination date under normal retirement benefit formula and payable at age 65. If the former employee has at least 10 years of Vesting Service Credit at termination, a reduced benefit is payable at age 62. The benefit is the age 65 benefit reduced by 2/3 or 1% for each completed month the commencement of benefit precedes age 65. Normal retirement date or age 62 if the former employee has at least 10 years of Vesting Service Credit at termination.
Disablement	Accrued benefit as of date of disability. Payments commence as soon as practicable following the approval of the application for benefits.
Preretirement death	50% of the benefit which would have been payable to the member had he retired or terminated employment on the first day of the month in which death occurred with the Spouse's Joint and 50% Survivor Annuity. Payments commence on the date that the member would have been eligible to receive benefits or date of death, if later.

Other Plan Provisions	
Forms of payment	Single Life Annuity, 50%, 75%, and 100% Joint and Survivor Annuities, Five and Ten Years Guaranteed Annuity. Actuarial equivalence is as specified in Schedule I of the plan A participant whose present value of benefits is $1,000 or less will receive an automatic cash out.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Hopkinsville

Plan Provisions

The plan was originally effective September 1, 1966. Amended and restated effective January 1, 2007. Most recently amended effective October 1, 2020. The Hopkinsville plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business on December 31, 2012.

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

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 60 and ten years of Vesting Service Credit, or age 62 with sum of age and Vesting Service Credit greater than or equal to 90.
Deferred vested termination	Earlier of age 65 or attainment of 5 years of vesting service.
Disability	Age 50 and ten years of Vesting Service Credit and permanently and totally disabled (as verified by Pension Committee).
Preretirement death benefit	Five years of Vesting Service Credit but less than age 65. Employee can reject coverage but requires spouse's consent.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Date of Termination	Monthly Benefit Accrual Rate
03/01/1977 to 02/16/1979	$3.50
02/17/1979 to 02/16/1980	$4.00
02/17/1980 to 02/16/1981	$4.50
02/17/1981 to 02/28/1983	$5.00
03/01/1983 to 02/29/1984	$6.00
03/01/1984 to 02/17/1985	$6.50
02/18/1985 to 02/16/1986	$8.00
02/17/1986 to 02/15/1987	$9.00
02/16/1987 to 02/29/1988	$10.00
03/01/1988 to 02/28/1989	$10.50
03/01/1989 to 02/28/1990	$11.00
03/01/1990 to 02/15/1991	$12.00
02/16/1991 to 02/15/1992	$13.00
02/16/1992 to 02/15/1993	$14.00
02/16/1993 to 02/15/1994	$14.50
02/16/1994 to 12/31/1996	$15.50
01/01/1997 to 12/31/1997	$15.75
01/01/1998 to 12/31/1998	$16.25
01/01/1999 to 12/31/1999	$16.75
01/01/2000 to 12/31/2000	$17.75
01/01/2001 to 12/31/2001	$18.75
01/01/2002 to 12/31/2002	$19.75
01/01/2003 to 12/31/2003	$20.75
01/01/2004 to 12/31/2004	$21.75
01/01/2005 to 12/31/2005	$22.75
01/01/2006 to 12/31/2006	$24.75
01/01/2007 to 12/31/2008	$25.75
01/01/2009 to 9/30/2011	$28.75
10/01/2011 to 10/31/2014	$29.50
11/01/2014 to 9/30/2017	$29.75
10/01/2017 to 9/30/2020	$30.00
10/01/2020 and after	$30.50

Monthly unit from above times years of Benefit Service Credit.

Payments commence on the first day of the month coinciding with or following the participant's normal or actual retirement date.

Early retirement

Accrued normal retirement pension reduced by 1/2% of 1 percent for each month the commencement by which early retirement date precedes normal retirement date. No reduction if age equals 62 or higher and age plus years of Vesting Service Credit equals or exceeds 90.

Payments commence on the first day of the month coinciding with or following the month the participant retires and elects benefit commencement.

Plan Name: Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN: 06-0548860/002
Plan Sponsor: Stanley Black & Decker, Inc.
Valuation Date: January 1, 2021

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Deferred vested termination	Accrued normal retirement pension reduced in same manner as for early retirement. If the participant has 10 or more years of vesting service, benefits can commence at age 60. Otherwise, benefits commence at normal retirement date.
Disablement	$100 payable until the earliest of 65th birthday, commencement of pre-retirement termination benefit or early retirement benefit (whichever is applicable) or date no longer disabled. Accrued normal retirement pension payable at age 65. Payments commence as soon as practicable following the approval of the application for benefits.
Preretirement death	For a participant who dies after attaining age 60, the pension is calculated as if the participant had retired on first of the month in which he died with the automatic form of pension in effect. For a participant who dies prior to attaining age 60, the pension commences when the deceased employee would have attained age 60 and is calculated as if the participant had terminated employment on his date of death and received a reduced deferred vested benefit at his age with the automatic form of pension in effect. Payments commence on the date that the member would have been eligible to receive benefits or date of death, if later.

Other Plan Provisions

Forms of payment	Normal: Single Life Annuity for unmarried participants, Spouse's Joint and 50% Survivor Annuity for married participants. Optional: Single Life Annuity, Spouse's Joint and 50% and Spouse's Joint and 75% Last Survivor Annuity. Lump Sum: A participant whose Actuarial Equivalent lump sum is $1,000 or less shall receive an automatic lump sum.

SCHEDULE SB ATTACHMENTS

Limits on benefits and pay

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

The Hopkinsville multiplier increased from $30.00 to $30.50 effective October 1, 2020.

SCHEDULE SB ATTACHMENTS

Nelson Hourly

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on June 9, 2020. The Nelson Stud Welding, Inc. Hourly Pension Plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business December 31, 2018.

Covered employees	Employees of Nelson Stud Welding, Inc. who are represented by the International Association of Machinists and Aerospace Workers affiliated with the AFL-CIO and its Local Lodge #1539. Employees hired after June 8, 2012 will not be eligible to participate in the plan.
Participation date	Employees enter the plan upon completion of the probationary period, which is generally 60 days but shall not exceed twelve months. Employees hired after June 8, 2012 will not be eligible to participate in the plan.

Definitions

Benefit service	One year for each calendar year of employment by Nelson Stud Welding, Inc., including the following periods of absence: Military leave, not exceeding the maximum time required under federal law. Medical leave, not exceeding the participant's seniority standing or three years, whichever is less Leave of absence to accept an elected union office Layoff, for a period not exceeding the participant's seniority standing or six consecutive calendar months, whichever is less Periods while receiving or eligible to receive Workers' Compensation Personal leave up to twelve months if granted by the company
Vesting service	Years of benefit service as defined above, plus any period of severance up to twelve months, provided the participant is rehired by the company within those twelve months.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The monthly pension benefit payable to an eligible participant is based on their years of service multiplied by the applicable dollar amounts listed below:

Termination Date	Multiplier
3/17/2000-6/8/2000	$21.50
6/9/2000-6/8/2001	$22.00
6/9/2001-6/8/2002	$22.50
6/9/2002-6/8/2003	$23.00
6/9/2003-6/8/2004	$24.00
6/9/2004-6/8/2007	$25.00
6/9/2007-6/8/2011	$25.00 for service prior to 6/8/2007 plus $28.00 for service after 6/8/2007
6/9/2011-6/8/2014	$25.00 for service prior to 6/8/2007 plus $28.00 for service 6/8/2007 – 6/9/2011, and $31.00 for service thereafter
On or after 6/9/2014	$25.00 for service prior to 6/8/2007 plus $28.00 for service 6/9/2007 – 6/8/2011, $31.00 for service 6/9/2011-6/8/2014, plus $34.00 for service 6/9/2014-6/9/2020 and $36.00 for service thereafter

Retirement death benefit

The plan pays a $10,000 lump sum benefit upon death of a retired participant who is receiving normal, early or disability benefits.

Monthly preretirement death benefit

For participants who have accumulated 10 or more years of service, 100% of the 100% J&S benefit as of the date of death, reduced for the 100% joint and survivor election, and actuarially reduced to the present, but not by more than 50%. Otherwise, 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 15 years of benefit service
Postponed retirement	Retirement after NRD

SCHEDULE SB ATTACHMENTS

Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, if the participant has 15 or more years of benefit service and is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events	
Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 4.5% for each year of payment before age 65, or if the participant has 30 or more years of benefit service, 4.5% for each year of payment before age 58
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 4.5% for each year that payment precedes the participant's NRD
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement, plus a temporary benefit payable until the participant's normal retirement date of $4.00 per year of benefit service as of the date of disablement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is reduced by 4.5% for each year that payment precedes the date the participant would have been 65 years old.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100%, 75%, or 50% joint and survivor annuity, 100%, 75%, or 50% joint and survivor annuity with pop-up, or a ten-year certain and life annuity.

Maximum limits on benefits and pay

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

The multiplier for service after June 10, 2020 was updated to $36.00.

SCHEDULE SB ATTACHMENTS

Warren

Plan Provisions

The plan was originally effective June 1, 1970. Amended and restated effective January 1, 2007. The Warren plan merged into the Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc. effective on the close of business on December 31, 2012. The plan was most recently amended effective November 1, 2020.

Covered employees	Covered employees are eligible after 1 year of Eligibility Service Credit or immediately if their regular rate of employment is at least 1,000 hours per year. Participation closed to new employees hired on or after November 1, 2009.

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 (60 prior to 10/14/2005) and ten years of Vesting Service Credit.
Deferred vested termination	Age 55 and 10 years of Vesting Service Credit.
Disability	Age 50 and ten years of Vesting Service Credit.
Preretirement death benefit	Five years of Vesting Service Credit but less than Age 65.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement Monthly unit below multiplied by years of Benefit Service Credit.

Termination Date	Monthly Unit
12/01/1980 to 11/30/1981	$6.00
12/01/1981 to 11/30/1982	$6.50
12/01/1982 to 10/31/1984	$7.00
11/01/1984 to 10/31/1985	$8.00
11/01/1985 to 10/31/1986	$8.50
11/01/1986 to 10/31/1987	$9.00
11/01/1987 to 10/31/1988	$9.50
11/01/1988 to 10/31/1989	$10.50
11/01/1989 to 10/06/1990	$11.50
10/07/1990 to 10/05/1991	$12.25
10/06/1991 to 10/03/1992	$13.00
10/04/1992 to 10/03/1994	$14.00
10/04/1994 to 10/03/1995	$14.25
10/04/1995 to 10/06/1996	$14.75
10/07/1996 to 10/04/1997	$15.75
10/05/1997 to 10/03/1998	$16.75
10/04/1998 to 10/09/1999	$17.50
10/10/1999 to 10/07/2000	$18.50
10/08/2000 to 10/06/2001	$19.50
10/07/2001 to 10/12/2002	$20.50
10/13/2002 to 10/12/2003	$21.50
10/13/2003 to 10/12/2004	$22.50
10/13/2004 to 10/15/2005	$23.50
10/16/2005 to 10/14/2006	$25.50
10/15/2006 to 10/13/2007	$27.50
10/14/2007 to 10/11/2008	$28.50
10/12/2008 to 10/31/2013	$29.50
11/01/2013 to 10/31/2017	$32.50
11/01/2017 to 10/31/2020	$35.50
11/01/2020 and later	$38.50

Payments commence on the first day of the month coinciding with or following the participant's normal or actual retirement date.

Early retirement Actuarial equivalent of accrued normal retirement pension adjusted by the appropriate early retirement reduction factor in Schedule I of the Plan.

Deferred vested termination The participant's accrued benefit as of the termination date under normal retirement benefit formula and payable at age 65. If the former employee has at least 10 years of Vesting Service Credit at termination, an actuarially reduced benefit is payable at age 55 (same factor as early retirement).

SCHEDULE SB ATTACHMENTS

Disablement	Accrued benefit as of date of disability. Payments commence as soon as practicable following the approval of the application for benefits.
Preretirement death	For an employee who dies after attaining age 55 (or 60 prior to October 14, 2005), the pension is calculated as if the employee had retired on first of the month in which he died with the automatic form of pension in effect. For an employee who dies prior to attaining age 55 (or 60 prior to October 14, 2005), the pension commences when the deceased employee would have attained age 55 (or 60 prior to October 14, 2005) and is calculated as if the employee had terminated employment on his date of death, commenced receiving a reduced deferred benefit at age 55 (or 60 prior to October 14, 2005) with the automatic form of pension in effect. For participants who terminated prior to January 1, 1992, pensions of the employees and their surviving spouses are reduced to reflect the cost of the coverage during the period it is in effect.

Other Plan Provisions

Forms of payment	Normal: Single Life Annuity for unmarried participants, Spouse's Joint and 50% Survivor Annuity for married participants. Optional: Single Life Annuity, Spouse's Joint and 50% and Spouse's Joint and 75% Last Survivor Annuity. Lump Sum: A participant whose Actuarial Equivalent lump sum is $1000 or less shall receive an automatic lump sum.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

The Warren multiplier increased from $35.50 to $38.50 effective November 1, 2020.

Plan Name:	Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.
EIN / PN:	06-0548860/002
Plan Sponsor:	Stanley Black & Decker, Inc.
Valuation Date:	January 1, 2021

Pension Plan for Hourly Paid Employees of Stanley Black & Decker, Inc.

EIN: 06-0548860, Plan #002
Year Ended December 31, 2021
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, par or Maturity Value	(d) Cost	(e) Current Value
*	Stanley Black & Decker, Inc. Pension Master Trust			150,446,337
*	Employer Contributions Receivable			0
				$ 150,446,337