

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) M
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
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: STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST
1b Three-digit plan number (PN): 028
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): STANLEY BLACK & DECKER, INC.
2b Employer Identification Number (EIN): 06-0548860
2c Plan Sponsor's telephone number: 860-225-5111
2d Business code (see instructions): 000000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
6a(1)																					
6a(2)	0																				
6b																					
6c																					
6d	0																				
6e																					
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
7																					

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST	B Three-digit plan number (PN) ▶	028
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 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

THE BANK OF NEW YORK MELLON

13-5160382

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

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

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

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

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST</u>	B Three-digit plan number (PN)	<u>028</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STANLEY BLACK & DECKER, INC.</u>	D Employer Identification Number (EIN) <u>06-0548860</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI WORLD INDEX CTF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-6625076-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72049319</u>
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, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	PENSION PLAN FOR HOURLY PAID EMPLOYEES	
b Name of plan sponsor	STANLEY BLACK & DECKER, INC.	c EIN-PN 06-0548860-002

a Plan name	STANLEY BLACK & DECKER PENSION PLAN	
b Name of plan sponsor	BLACK & DECKER (U.S.) INC.	c EIN-PN 52-1127357-013

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST	B Three-digit plan number (PN) ▶ 028
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
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	105463	105338
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13041272	14520547
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17382784	15194924
(2) U.S. Government securities	1c(2)	247055113	262532767
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	154230128	158862702
(B) All other	1c(3)(B)	222897155	204023116
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	876923	866590
(B) Common	1c(4)(B)	91335612	66602291
(5) Partnership/joint venture interests	1c(5)	19617914	14065454
(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)	94924007	72049319
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	20521447	21325187

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	881987818	830148235
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5289428	6538568
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5289428	6538568
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	876698390	823609667

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	193	
(B) U.S. Government securities.....	2b(1)(B)	8000692	
(C) Corporate debt instruments.....	2b(1)(C)	19942754	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2004886	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29948525
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1638385	
(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)		1638385
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1400790896	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1400562053	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		228843
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-30681689	
(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)	15863781
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(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	16997845

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(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)	
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	16997845
l Transfers of assets:		
(1) To this plan.....	2l(1)	6475664
(2) From this plan	2l(2)	76562232

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) 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) 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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.



Assets and Liabilities for 5500 Schedule H

Report ID: NA100E

Status: FINAL

STANLEY COMBINED MANAGER

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

	Beginning of Year 01/01/2024	End of Year 12/31/2024
ASSETS		
A. NON-INTEREST BEARING CASH	105,463.03	105,337.91
B. RECEIVABLES		
(1) EMPLOYER CONTRIBUTIONS	0.00	0.00
(2) PARTICIPANT CONTRIBUTIONS	0.00	0.00
(3) OTHER	13,041,272.15	14,520,547.14
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH	238,881.05	116,948.39
(2) U.S. GOVERNMENT SECURITIES	247,055,112.66	262,532,767.53
(3) CORPORATE DEBT INSTRUMENTS		
(A) PREFERRED	156,849,773.96	158,862,701.81
(B) ALL OTHER	220,277,509.14	204,023,116.10
(4) CORPORATE STOCKS		
(A) PREFERRED	876,922.85	866,589.70
(B) COMMON	91,335,612.03	66,602,290.81
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	19,617,914.00	14,065,454.00
(6) REAL ESTATE	0.00	0.00
(7) LOANS OTHER THAN PARTICIPANT	0.00	0.00
(8) PARTICIPANT LOANS	0.00	0.00
VALUE OF INTEREST IN:		
(9) COMMON/COLLECTIVE TRUSTS	105,150,437.78	80,320,788.84
(10) POOLED SEPARATE ACCOUNTS	0.00	0.00
(11) MASTER TRUST INVESTMENT ACCTS	0.00	0.00
(12) 103-12 INVESTMENT ENTITIES	0.00	0.00
(13) REGISTERED INVESTMENT COMPANIES	0.00	0.00
(14) VALUE OF FUNDS IN INSURANCE CO ACCT	0.00	0.00
(15) OTHER	20,521,446.94	21,325,186.65
D. EMPLOYER RELATED INVESTMENTS		
(1) EMPLOYER SECURITIES	0.00	0.00
(2) EMPLOYER REAL PROPERTY	0.00	0.00
E. BUILDINGS/OTHER PROPERTY USED BY PLAN	0.00	0.00
F. TOTAL ASSETS	<u>875,070,345.59</u>	<u>823,341,728.88</u>
LIABILITIES		
G. BENEFIT CLAIMS PAYABLE	0.00	0.00
H. OPERATING PAYABLES	0.00	0.00
I. ACQUISITION INDEBTEDNESS	0.00	0.00
J. OTHER LIABILITIES	5,289,427.36	6,538,566.91
K. TOTAL LIABILITIES	<u>5,289,427.36</u>	<u>6,538,566.91</u>
L. TOTAL NET ASSETS	<u>869,780,918.23</u>	<u>816,803,161.97</u>

Cash + 6,806,566
830,148,235
Sch H, LIF
Total Assets



5500 Acquisitions & Dispositions of Assets within Plan Year

Report ID: M2574E

Status: FINAL

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

STANLEY COMBINED MANAGER

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
00115AAR0	AEP TRANSMISSION CO LLC 5.150% 04/01/2034 DD 03/13/24	230,000.000	(229,848.20)	228,160.00
00973RAP8	AKER BP ASA 144A 5.800% 10/01/2054 DD 10/01/24	605,000.000	(601,675.25)	582,889.00
01609WBL5	ALIBABA GROUP HOLDING LTD 144A 5.625% 11/26/2054 DD 11/26/24	325,000.000	(324,064.00)	333,775.00
02079KAE7	ALPHABET INC 1.900% 08/15/2040 DD 08/05/20	155,000.000	(102,459.65)	110,604.90
025816DR7	AMERICAN EXPRESS CO VAR RT 04/25/2035 DD 04/25/24	695,000.000	(695,000.00)	706,119.53
031162CF5	AMGEN INC 4.663% 06/15/2051 DD 12/15/16	145,000.000	(125,356.85)	126,345.75
046353AD0	ASTRAZENECA PLC 6.450% 09/15/2037 DD 09/12/07	325,000.000	(366,372.50)	370,332.80
04636NAN3	ASTRAZENECA FINANCE LLC 5.000% 02/26/2034 DD 02/26/24	210,000.000	(207,253.80)	211,497.30
06051GGM5	BANK OF AMERICA CORP VAR RT 04/24/2038 DD 04/24/17	70,000.000	(62,042.40)	61,388.60
06051GJE0	BANK OF AMERICA CORP VAR RT 06/19/2041 DD 06/19/20	845,000.000	(610,705.95)	611,221.50
06051GJN0	BANK OF AMERICA CORP VAR RT 03/13/2052 DD 03/11/21	130,000.000	(95,963.40)	92,150.50
06051GJW0	BANK OF AMERICA CORP VAR RT 04/22/2042 DD 04/22/21	160,000.000	(121,828.00)	130,192.00
06051GMA4	BANK OF AMERICA CORP VAR RT 01/23/2035 DD 01/23/24	695,000.000	(695,000.00)	702,068.20
07274NBG7	BAYER US FINANCE II LLC 144A 3.950% 04/15/2045 DD 04/15/18	115,000.000	(78,626.65)	79,571.95
097023DL6	BOEING CO/THE 144A 6.528% 05/01/2034 DD 05/01/24	265,000.000	(265,000.00)	267,742.70
097023DM4	BOEING CO/THE 144A 6.858% 05/01/2054 DD 05/01/24	1,280,000.000	(1,304,803.40)	1,327,191.25
097023DN2	BOEING CO/THE 144A 7.008% 05/01/2064 DD 05/01/24	1,465,000.000	(1,507,871.25)	1,583,894.20
110122CR7	BRISTOL-MYERS SQUIBB CO 4.250% 10/26/2049 DD 04/26/20	425,000.000	(364,507.30)	347,656.00
11135FBY6	BROADCOM INC 5.150% 11/15/2031 DD 07/12/24	920,000.000	(918,509.60)	925,251.44
11135FCD1	BROADCOM INC 4.800% 10/15/2034 DD 10/02/24	905,000.000	(903,126.65)	886,821.45
12189LBH3	BURLINGTON NORTHERN SANTA FE L 2.875% 06/15/2052 DD 12/08/21	190,000.000	(126,762.30)	126,393.70
125491AP5	CI FINANCIAL CORP 4.100% 06/15/2051 DD 06/07/21	55,000.000	(33,436.70)	33,519.20
126408HG1	CSX CORP 4.250% 11/01/2066 DD 10/18/16	15,000.000	(11,458.65)	12,006.15
126408HS5	CSX CORP 3.800% 04/15/2050 DD 03/30/20	50,000.000	(38,988.00)	38,774.50
12803RAH7	CAIXABANK SA 144A VAR RT 06/15/2035 DD 03/15/24	355,000.000	(355,000.00)	376,644.30
161175BL7	CHARTER COMMUNICATIONS OPERATI 5.375% 05/01/2047 DD 11/01/17	135,000.000	(107,893.35)	106,663.50
161175CA0	CHARTER COMMUNICATIONS OPERATI 3.900% 06/01/2052 DD 03/04/21	60,000.000	(37,703.40)	40,402.80
17275RBT8	CISCO SYSTEMS INC 5.050% 02/26/2034 DD 02/26/24	520,000.000	(521,749.85)	515,987.66
17275RBU5	CISCO SYSTEMS INC 5.300% 02/26/2054 DD 02/26/24	155,000.000	(154,376.90)	156,759.25
17275RBV3	CISCO SYSTEMS INC 5.350% 02/26/2064 DD 02/26/24	235,000.000	(234,684.40)	238,765.75
172967MM0	CITIGROUP INC VAR RT 03/26/2041 DD 03/26/20	130,000.000	(126,691.50)	127,501.40
17325FBG2	CITIBANK NA 5.570% 04/30/2034 DD 04/30/24	375,000.000	(375,000.00)	378,810.00
20030NEJ6	COMCAST CORP 5.300% 06/01/2034 DD 05/22/24	695,000.000	(692,692.60)	709,365.20
20030NEK3	COMCAST CORP 5.650% 06/01/2054 DD 05/22/24	220,000.000	(217,980.40)	229,536.65
20268JAR4	COMMONSPIRIT HEALTH 5.205% 12/01/2031 DD 03/20/24	295,000.000	(295,000.00)	294,064.00
225313AQ8	CREDIT AGRICOLE SA 144A VAR RT 01/10/2035 DD 01/10/24	270,000.000	(270,000.00)	272,120.50
25278XAZ2	DIAMONDBACK ENERGY INC 5.400% 04/18/2034 DD 04/18/24	5,000.000	(4,983.95)	4,987.15
25278XBB4	DIAMONDBACK ENERGY INC 5.900% 04/18/2064 DD 04/18/24	280,000.000	(272,254.55)	279,458.74
254687EH5	WALT DISNEY CO/THE 6.650% 11/15/2037 DD 11/15/19	105,000.000	(122,354.40)	116,816.70



5500 Acquisitions & Dispositions of Assets within Plan Year

Report ID: M2574E

Status: FINAL

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

STANLEY COMBINED MANAGER

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
26442CBL7	DUKE ENERGY CAROLINAS LLC 5.400% 01/15/2054 DD 06/15/23	380,000.000	(374,497.60)	374,771.20
26884TAZ5	ERAC USA FINANCE LLC 144A 5.200% 10/30/2034 DD 02/08/24	600,000.000	(599,466.00)	595,224.65
37045XEP7	GENERAL MOTORS FINANCIAL CO IN 6.100% 01/07/2034 DD 12/07/23	440,000.000	(445,706.80)	451,077.65
375558BK8	GILEAD SCIENCES INC 4.150% 03/01/2047 DD 09/20/16	1,120,000.000	(926,212.00)	931,854.00
375558CC5	GILEAD SCIENCES INC 5.100% 06/15/2035 DD 11/20/24	450,000.000	(448,195.50)	456,858.00
38141GB37	GOLDMAN SACHS GROUP INC/THE VAR RT 07/23/2035 DD 07/23/24	260,000.000	(260,179.40)	260,642.30
38141GB78	GOLDMAN SACHS GROUP INC/THE VAR RT 10/23/2035 DD 10/23/24	1,620,000.000	(1,620,000.00)	1,581,140.95
38148YAA6	GOLDMAN SACHS GROUP INC/THE VAR RT 10/31/2038 DD 10/31/17	105,000.000	(90,752.55)	91,751.10
438516CU8	HONEYWELL INTERNATIONAL INC 5.350% 03/01/2064 DD 03/01/24	105,000.000	(104,741.70)	104,481.30
444859BX9	HUMANA INC 5.500% 03/15/2053 DD 03/13/23	175,000.000	(163,147.25)	173,850.25
455434BW9	INDIANAPOLIS POWER & LIGH 144A 5.700% 04/01/2054 DD 03/18/24	130,000.000	(129,625.60)	128,312.60
458140BJ8	INTEL CORP 3.250% 11/15/2049 DD 11/21/19	185,000.000	(126,042.35)	118,640.50
458140CJ7	INTEL CORP 5.700% 02/10/2053 DD 02/10/23	495,000.000	(478,009.55)	476,658.30
458140CK4	INTEL CORP 5.900% 02/10/2063 DD 02/10/23	130,000.000	(130,482.30)	124,532.20
458140CL2	INTEL CORP 5.150% 02/21/2034 DD 02/21/24	944,000.000	(937,590.24)	927,229.09
458140CM0	INTEL CORP 5.600% 02/21/2054 DD 02/21/24	650,000.000	(644,154.45)	626,030.85
46647PBN5	JPMORGAN CHASE & CO VAR RT 04/22/2051 DD 04/22/20	130,000.000	(90,282.40)	90,989.60
46647PEH5	JPMORGAN CHASE & CO VAR RT 04/22/2035 DD 04/22/24	1,445,000.000	(1,445,857.60)	1,508,976.80
46647PEK8	JPMORGAN CHASE & CO VAR RT 07/22/2035 DD 07/22/24	480,000.000	(480,000.00)	488,073.60
46647PER3	JPMORGAN CHASE & CO VAR RT 10/22/2035 DD 10/22/24	510,000.000	(510,000.00)	499,667.40
482480AP5	KLA CORP 4.700% 02/01/2034 DD 02/01/24	1,000,000.000	(993,930.00)	967,012.74
49177JAM4	KENVUE INC 5.100% 03/22/2043 DD 09/22/23	610,000.000	(612,732.80)	592,297.80
575634AV2	MASSACHUSETTS ELECTRIC CO 144A 5.867% 02/26/2054 DD 02/26/24	350,000.000	(350,000.00)	356,718.45
609207AW5	MONDELEZ INTERNATIONAL INC 2.625% 09/04/2050 DD 09/04/20	95,000.000	(58,244.50)	58,471.55
6174468N2	MORGAN STANLEY VAR RT 03/24/2051 DD 03/24/20	235,000.000	(236,842.40)	240,041.65
6174468Y8	MORGAN STANLEY VAR RT 01/25/2052 DD 01/25/21	200,000.000	(132,601.00)	127,429.10
61747YFM2	MORGAN STANLEY VAR RT 02/07/2039 DD 02/07/24	470,000.000	(470,000.00)	464,811.20
61747YFR1	MORGAN STANLEY VAR RT 04/19/2035 DD 04/19/24	565,000.000	(565,000.00)	565,672.35
628312AE0	MUTUAL OF OMAHA INSURANCE 144A VAR RT 01/16/2064 DD 01/16/24	100,000.000	(100,000.00)	100,413.00
631005BC8	NARRAGANSETT ELECTRIC CO/ 144A 5.638% 03/15/2040 DD 03/22/10	130,000.000	(128,200.80)	130,292.50
64105MAD3	NESTLE CAPITAL CORP 144A 5.100% 03/12/2054 DD 03/12/24	70,000.000	(68,910.10)	70,352.80
641062AZ7	NESTLE HOLDINGS INC 144A 2.625% 09/14/2051 DD 09/14/21	411,000.000	(247,282.26)	263,303.55
64110LAZ9	NETFLIX INC 4.900% 08/15/2034 DD 08/01/24	160,000.000	(159,382.40)	163,244.80
665772CX5	NORTHERN STATES POWER CO/MN 5.100% 05/15/2053 DD 05/08/23	145,000.000	(134,781.85)	136,643.65
67066GAH7	NVIDIA CORP 3.500% 04/01/2050 DD 03/31/20	200,000.000	(148,516.00)	159,446.00
67080LAD7	NUVEEN LLC 144A 5.850% 04/15/2034 DD 04/11/24	175,000.000	(174,762.00)	173,743.50
677050AV8	OGLETHORPE POWER CORP 144A 5.800% 06/01/2054 DD 06/21/24	115,000.000	(114,696.40)	119,489.60
694308JN8	PACIFIC GAS AND ELECTRIC CO 4.950% 07/01/2050 DD 07/02/20	400,000.000	(343,242.10)	343,610.00
744448CY5	PUBLIC SERVICE CO OF COLORADO 5.250% 04/01/2053 DD 04/03/23	80,000.000	(72,017.60)	72,336.80



5500 Acquisitions & Dispositions of Assets within Plan Year

Report ID: M2574E

Status: FINAL

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

STANLEY COMBINED MANAGER

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
744448DA6	PUBLIC SERVICE CO OF COLORADO 5.750% 05/15/2054 DD 04/04/24	470,000.000	(469,100.70)	482,488.90
771196CL4	ROCHE HOLDINGS INC 144A 4.985% 03/08/2034 DD 03/08/24	835,000.000	(836,686.00)	831,474.66
78081BAS2	ROYALTY PHARMA PLC 5.900% 09/02/2054 DD 06/10/24	155,000.000	(151,306.35)	153,324.80
83272GAB7	SMURFIT KAPPA TREASURY UL 144A 5.777% 04/03/2054 DD 04/03/24	470,000.000	(471,786.00)	471,134.35
834423AF2	SOLVAY FINANCE AMERICA LL 144A 5.850% 06/04/2034 DD 06/04/24	220,000.000	(219,670.00)	232,625.80
83444MAG6	SOLVENTUM CORP 144A 5.600% 03/23/2034 DD 02/27/24	455,000.000	(454,695.15)	453,161.80
83444MAJ0	SOLVENTUM CORP 144A 5.900% 04/30/2054 DD 02/27/24	1,055,000.000	(1,012,938.60)	1,031,196.89
845743BU6	SOUTHWESTERN PUBLIC SERVICE CO 3.150% 05/01/2050 DD 05/18/20	105,000.000	(67,187.40)	65,662.80
845743BX0	SOUTHWESTERN PUBLIC SERVICE CO 6.000% 06/01/2054 DD 06/06/24	240,000.000	(240,212.20)	240,132.00
87264ADF9	T-MOBILE USA INC 5.150% 04/15/2034 DD 01/12/24	610,000.000	(607,889.40)	607,251.75
882508CC6	TEXAS INSTRUMENTS INC 5.000% 03/14/2053 DD 03/14/23	190,000.000	(182,112.80)	184,568.93
882508CJ1	TEXAS INSTRUMENTS INC 5.150% 02/08/2054 DD 02/08/24	250,000.000	(248,000.00)	239,354.40
91159HJR2	US BANCORP VAR RT 01/23/2035 DD 01/23/24	145,000.000	(145,000.00)	145,681.50
92857WBU3	VODAFONE GROUP PLC 4.250% 09/17/2050 DD 09/17/19	270,000.000	(210,856.50)	210,151.80
92857WCA6	VODAFONE GROUP PLC 5.750% 06/28/2054 DD 06/28/24	255,000.000	(253,556.70)	249,754.65
95000U3K7	WELLS FARGO & CO VAR RT 01/23/2035 DD 01/23/24	1,440,000.000	(1,440,000.00)	1,458,619.20
98389BBB5	XCEL ENERGY INC 5.500% 03/15/2034 DD 02/29/24	2,050,000.000	(2,013,120.60)	2,059,591.29



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

STANLEY COMBINED MANAGER

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		43,489,045.91					
74	912810TT5	U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	19,720,000.000	0.00	18,983,924.14	19,194,068.24	(210,144.10)
87	912810TT5	U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	26,585,000.000	25,541,342.27	0.00	0.00	0.00
125	912810TV0	U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	29,715,000.000	0.00	30,900,948.32	31,007,343.43	(106,395.11)
105	912810TV0	U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	29,715,000.000	31,007,343.43	0.00	0.00	0.00
137	912810TX6	U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	39,259,000.000	38,109,359.95	0.00	0.00	0.00
136	912810TX6	U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	36,130,000.000	0.00	35,261,752.15	34,989,758.17	271,993.98
99	912810UA4	U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	29,615,000.000	0.00	31,208,468.12	31,402,381.58	(193,913.46)
89	912810UA4	U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	29,615,000.000	31,402,381.58	0.00	0.00	0.00
65	91282CJJ1	U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	25,915,000.000	26,670,650.24	0.00	0.00	0.00
49	91282CJJ1	U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	23,660,000.000	0.00	24,487,587.76	24,400,031.72	87,556.04
60	91282CJZ5	U S TREASURY NOTE 4.000% 02/15/2034 DD 02/15/24	31,735,000.000	30,962,291.84	0.00	0.00	0.00
63	91282CJZ5	U S TREASURY NOTE 4.000% 02/15/2034 DD 02/15/24	28,085,000.000	0.00	27,435,232.05	27,364,705.46	70,526.59
696	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	186,481,342.800	186,481,342.80	0.00	0.00	0.00
354	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	188,436,303.580	0.00	188,436,303.58	188,436,303.58	0.00



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

STANLEY MGR COMBINED - SYPG10000000

01/01/2024 - 12/31/2024

STANLEY COMBINED MANAGER

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	43,489,045.91							

*** NO ACTIVITY FOR THIS PERIOD ***