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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [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. . . . . ▶ [ ]

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
STANLEY BLACK & DECKER PENSION PLAN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1966

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)
BLACK & DECKER (U.S.) INC.

701 E JOPPA ROAD
TOWSON, MD 21286

2b Employer Identification Number (EIN)
52-1127357

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

2d Business code (see instructions)
335900

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.	10/12/2026	DANA LITWINKA
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	12751
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)**	721
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	598
b	Retired or separated participants receiving benefits	**6b**	6937
c	Other retired or separated participants entitled to future benefits	**6c**	2840
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10375
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1892
f	Total. Add lines **6d** and **6e**.	**6f**	12267
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	718027097
b Actuarial value	**2b**	724347193

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	8791	558951788	558951788
b For terminated vested participants	3436	147279873	147279873
c For active participants	721	36458654	37922703
d Total	12948	742690315	744154364

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3700000
c Target normal cost	**6c**	3700000

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

09/17/2026
Date

JENNIFER J. BURNS
Type or print name of actuary

26-07363
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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)		91385855
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		7474499
9	Amount remaining (line 7 minus line 8)		83911356
10	Interest on line 9 using prior year's actual return of 1.99 %		1669836
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3969034
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 5.07 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		78984
c	Total available at beginning of current plan year to add to prefunding balance		4048018
d	Portion of (c) to be added to prefunding balance		4048018
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		89629210

Part III Funding Percentages

14	Funding target attainment percentage	14	85.29 %
15	Adjusted funding target attainment percentage	15	85.29 %
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	93.92 %
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
08/21/2026	2200000				
			Totals ► 18(b)	2200000	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	2020202

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3700000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	109436381	10755264
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**	14455264

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		12435062	12435062

36 Additional cash requirement (line 34 minus line 35)	**36**	2020202
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2020202

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**	
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BORROW, 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	334447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	163684	Yes [ ] No [X]	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	279915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GOLDMAN SACHS

125 HIGH ST 20TH FLOOR
BOSTON, MA 02110

(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	108099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	75871	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	102459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	519121	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

711 HIGH STREET
DES MOINES, IA 50392-0001

(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?
15	NONE	436625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PWC

101 SEAPORT BLVD
BOSTON, MA 02110

(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	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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	42605	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	185451	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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

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

a Name of MTIA, CCT, PSA, or 103-12 IE: 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	714316337

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, 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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4300000	2200000
(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)	713856834	714316337
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	718156834	716516337
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	701746	674025
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	701746	674025
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	717455088	715842312

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)	2209574	
(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)		2209574
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)		61303563
(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		63513137
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61478607	
(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)		61478607
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)	709508	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	185451	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2742347	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3647306
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65125913
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1612776
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** 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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 [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586781.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

Part I Distributions

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

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

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

EIN(s): 52-1127357

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 4

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**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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**	

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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 13.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 80.0 %
High-Yield Debt: 6.0 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Financial Statements

Stanley Black & Decker Pension Plan

Years ended December 31, 2025 and 2024
with Independent Auditors' Report

Stanley Black & Decker Pension Plan

Financial Statements

Years Ended December 31, 2025 and 2024

Contents

Independent Auditors' Report....1
Statements of Net Assets Available for Benefits....4
Statements of Changes in Net Assets Available for Benefits....5
Notes to Financial Statements....6

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

We have performed audits of the accompanying financial statements of the Stanley Black & Decker Pension Plan (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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 audits 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 certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Notes 4 and 9 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 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 date 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 generally accepted auditing standards 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.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, 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 audits 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 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.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
October 14, 2026

Stanley Black & Decker Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2025	2024
Assets		
Investments at fair value:		
Plan interest in Master Trust	**$ 714,316,337**	$ 713,856,834
Employer contribution receivable	**2,200,000**	4,300,000
Total assets	**716,516,337**	718,156,834
Liabilities		
Accrued expenses and other liabilities	**674,025**	701,746
Net assets available for benefits	**$ 715,842,312**	$ 717,455,088

See accompanying notes to the financial statements.

Stanley Black & Decker Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2025	2024
Additions		
Interest in net investment income of Master Trust	**$ 61,303,563**	$ 14,843,632
Employer contributions	**2,209,574**	4,301,836
Total additions	**63,513,137**	19,145,468
Deductions		
Benefits paid directly to participants	**61,478,607**	61,998,509
Administrative expenses	**3,647,306**	2,791,868
Total deductions	**65,125,913**	64,790,377
Net decrease	**(1,612,776)**	(45,644,909)
Net assets available for benefits, beginning of year	**717,455,088**	763,099,997
Net assets available for benefits, end of year	**$ 715,842,312**	$ 717,455,088

See accompanying notes to the financial statements.

Stanley Black & Decker Pension Plan

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

1. Description of the Plan

The Stanley Black & Decker Pension Plan (the Plan) is a defined benefit plan which, prior to the plan mergers effective December 31, 2012 (see below), covered substantially all U.S. employees of The Black & Decker Corporation, Black & Decker (U.S.) Inc., Black & Decker Inc. and certain affiliated companies, other than those employees who were covered by other pension plans or by collectively bargained agreements that do not provide for their participation in the Plan. Black & Decker (U.S.) Inc. (the Company) is the Plan sponsor and Plan administrator. The Plan was previously amended whereby after December 31, 2006, with certain exceptions, no new employees would become covered under the Plan.

Effective December 31, 2010, the Plan was amended whereby benefit accruals for all participants under the Plan were frozen as of December 31, 2010. The accrued benefit of any participant shall not exceed the amount of his or her accrued benefit under the Plan as of December 31, 2010, and no participants shall receive benefit service, and no additional benefits shall accrue for any period after December 31, 2010. Also, effective December 31, 2010, participation under the Plan was frozen, so that after December 31, 2010, coverage under the Plan is limited to participants who are already covered under the Plan on December 31, 2010.

Effective December 31, 2012, all of the assets and liabilities of the following defined benefit pension plans transferred to and merged into the Plan: Retirement Plan for Hourly-Rated Employees of Porter-Cable Corporation (Porter-Cable Plan); Retirement Plan for Hourly Employees of Price Pfister, Inc. (Price Pfister Plan); Pension Plan for Hourly Employees of the True Temper Sports Division Represented by the United Steelworkers of America (True Temper Plan); Best Lock Corporation Employees' Pension Plan (Best Lock Plan); Pension Plan for Employees of Sargent & Greenleaf, Inc. (S&G Plan); National Manufacturing Co. Pension Plan (National Manufacturing Plan); Pension Plan for Employees of Lista International Corporation (Lista Plan); effective December 31, 2013, all assets and liabilities of the HSM Electronic Protection Services, Inc. Pension Plan (HSM Plan) were transferred to and merged with the Plan; and, effective December 31, 2018 all assets and liabilities of the Ferry Cap & Set Screw Company Pension Plan for Salaried Employees (Ferry Cap Plan) were transferred to and merged with the Plan (collectively "the Merged Plans"). All benefits under the Merged Plans were frozen prior to the effective dates of the mergers. As a result of these mergers, participants covered under the Merged Plans became participants in the Plan. Separate benefit formulas and other provisions pertaining to benefit determinations are set forth in the Plan that continue to apply after the effective date of the merger, to the participants who were previously covered under the Merged Plans.

1. Description of the Plan (continued)

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 2025 and 2024, there were minimum required contributions of $14,455,264 and $7,474,499, respectively, which were fully covered by the application of funding balances available. The Company made contributions to the Plan of $2,209,574 and $4,301,836 pertaining to 2025 and 2024, respectively. The Plan has met the Employee Retirement Income Security Act (ERISA) minimum funding requirements.

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

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.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

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

Fair Value of Investments

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

2. Significant Accounting Policies (continued)

Fair Value of Investments (continued)

These levels are:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value within the Master Trust. There have been no changes in the methodologies used to determine fair value at December 31, 2025 and 2024.

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, including common collective trusts, 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.

2. Significant Accounting Policies (continued)

Benefits

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

Administrative Expenses/Related Party Transactions

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

Annuity Contract

Pursuant to the regulatory guidelines pertaining to the transfer of assets and liabilities from the Plan, a $30,058,606 group annuity insurance contract was purchased in October 2017 based on the identification and valuation of obligations relating to certain Plan participants as of October 18, 2017. Each participant, alternate payee or beneficiary, who was receiving or entitled to receive monthly annuity payments under the Plan on or before July 1, 2017, that did not exceed a stipulated amount under the Plan and was receiving such annuity payments on the date of purchase of the contract, became entitled to an annuity benefit under the annuity contract commencing January 1, 2018. As a result of the purchase of the annuity insurance contract, the insurer has a legal obligation to make all benefit payments for which it has received the premiums or requested consideration. The Company has no material obligation if the insurance company fails to pay under its obligation. Thus, the annuity insurance contract, and the related benefit obligation is not reflected in the Plan's net assets available for benefits.

3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under a plan's provisions to services rendered by employees. 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. 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.

3. Accumulated Plan Benefits (continued)

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, 2025	January 1, 2024
Vested benefits:		
Participants currently receiving payments	**$ 556,062,558**	$ 599,292,548
Participants with deferred benefits	**146,604,644**	172,048,695
Active employees	**36,215,071**	42,783,155
Total vested benefits	**738,882,273**	814,124,398
Non-vested benefits	**1,421,697**	1,776,511
Total present value of accumulated benefits as of January 1	**$ 740,303,970**	$ 815,900,909

The following is a reconciliation of the actuarial present value of accumulated benefits (PVAB) as of January 1, 2025:

Present value of accumulated benefits as of January 1, 2024	**$ 815,900,909**
Changes during the year due to:	
Benefits paid	**(61,998,509)**
Decrease in the discount period	**37,675,279**
Assumption changes	**(48,046,532)**
Actuarial gains	**(3,227,177)**
Net decrease	**(75,596,939)**
Present value of accumulated benefits as of January 1, 2025	**$ 740,303,970**

3. Accumulated Plan Benefits (continued)

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

	2025	2024
Discount rate	5.50%	4.80%
Mortality basis	Healthy Mortality - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the death of the original annuitant) based on the Pri-2012 mortality tables with no collar adjustments, adjusted with the Scale MP-2021 for future mortality improvements from 2012 on with separate rates for males and females.	Healthy Mortality - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the death of the original annuitant) based on the Pri-2012 mortality tables with no collar adjustments, adjusted with the Scale MP-2021 for future mortality improvements from 2012 on with separate rates for males and females.
	Disabled Mortality – For Plans other than HSM - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the death of the original annuitant) based on the Pri-2012 mortality tables with no collar adjustments, adjusted with the Scale MP-2021 for future mortality improvements from 2012 on with separate rates for males and females. For HSM – Revenue Ruling 96-7 Mortality Table	Disabled Mortality – For Plans other than HSM - Separate rates for non-annuitants, annuitants, and contingent survivors (both current and future, after the death of the original annuitant) based on the Pri-2012 mortality tables with no collar adjustments, adjusted with the Scale MP-2021 for future mortality improvements from 2012 on with separate rates for males and females. For HSM – Revenue Ruling 96-7 Mortality Table

3. Accumulated Plan Benefits (continued)

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

	2025	2024
Age 55-61	10%	10%
Age 62-64:	20%	20%
Age 65	30%	30%
Age 66-69:	40%	40%
Age 70+:	100%	100%

For certain Merged Plans the retirement age which participants are assumed to retire by is age 65.

Changes in actuarial assumptions of ($48,046,532) includes changes in the discount rate, mortality tables for lump sum actuarial equivalence, and administrative expense assumptions. The Plan calculates the discount rate using a median 20-year geometric return, offset by administrative expenses as a percentage of plan assets. This methodology uses an estimate of future experience using the geometric return for trust asset returns, reflecting the Plan's current asset allocation and any expected changes during the current plan year, current market conditions and the Plan Sponsor's expectations for future market conditions.

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

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 that is disclosed in the accompanying financial statements, including investments held at December 31, 2025 and 2024, and net investment income 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, as amended and restated in its entirety effective January 1, 2020, received a determination letter from the Internal Revenue Service dated August 25, 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 has been amended since the restatement covered by the August 25, 2021 determination letter.

The Plan administrator, which consults regularly with legal counsel regarding Plan matters, believes that the Plan is currently being operated in accordance with its terms. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits for any tax periods in progress. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2022.

6. Risks and Uncertainties

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

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

7. Plan Termination

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

a. That portion of a participant's benefit derived from his or her own contributions.
b. Benefits that former employees or their beneficiaries have been receiving for at least three years as of the date of the Plan termination, or that employees who were eligible to retire at least three years prior to the date of the Plan termination would have been receiving if they had retired and received benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest amount that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
c. Other vested benefits insured by the PBGC up to applicable limitations (discussed below).
d. All other vested benefits not insured by the PBGC.
e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal 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 2025 and 2024, the monthly ceiling was $7,432 and $7,108, 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. GA-34451 issued by New York Life Insurance Company. This contract is held by the Company to provide Plan benefits for certain participants who were receiving or entitled to receive benefit payments under the Plan immediately prior to October 18, 2017 (see Note 2 – Annuity Contract).

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, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was 86.40% and 86.67%, 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.

9. Investment in Master Trust (continued)

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

Master Trust balances and the Plan's interest in Master Trust balances consisted of the following at December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Master Trust assets		
Cash	**$ 6,741,886**	**$ 5,825,243**
Investments at fair value:		
Short-term investments	**3,930,419**	**3,396,029**
Equity investments	**115,308,180**	**99,630,580**
Government securities	**291,828,132**	**252,150,422**
Corporate securities	**400,360,885**	**345,926,780**
Total investments at fair value	**811,427,616**	**701,103,811**
Receivables:		
Investment income receivable	**8,599,626**	**7,430,398**
Receivable for investments sold	**3,522,896**	**3,043,914**
Total receivables	**12,122,522**	**10,474,312**
Total Master Trust assets	**830,292,024**	**717,403,366**
Master Trust liabilities		
Payable for investments purchased	**3,572,795**	**3,087,029**
Total Master Trust liabilities	**3,572,795**	**3,087,029**
Total Master Trust net assets	**$ 826,719,229**	**$ 714,316,337**

9. Investment in Master Trust (continued)

Master Trust balances and the Plan's interest in Master Trust balances consisted of the following at December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Master Trust assets		
Cash	$ 6,806,505	$ 5,899,482
Investments at fair value:		
Short-term investments	8,388,419	7,270,592
Equity investments	153,583,653	133,117,355
Government securities	276,914,207	240,013,087
Corporate securities	369,829,565	320,546,702
Total investments at fair value	808,715,844	700,947,736
Receivables:		
Investment income receivable	8,693,934	7,535,395
Receivable for investments sold	5,931,951	5,141,469
Total receivables	14,625,885	12,676,864
Total Master Trust assets	830,148,234	719,524,082
Master Trust liabilities		
Payable for investments purchased	6,538,269	5,666,991
Other investment payables	298	257
Total Master Trust liabilities	6,538,567	5,667,248
Total Master Trust net assets	$ 823,609,667	$ 713,856,834

9. Investment in Master Trust (continued)

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

	Years Ended December 31,	
	2025	**2024**
Additions:		
Investment income:		
Net appreciation of plan assets	**$ 37,469,941**	$ -
Dividends on common stock	**84,325**	1,638,385
Interest	**33,278,507**	29,948,525
Total investment gain	**70,832,773**	31,586,910
Employer contributions	**6,509,574**	4,700,000
Transfer from other accounts	**1,708,586**	1,773,539
Transfer in	**3,682**	2,125
Total additions	**79,054,615**	38,062,574
Deductions:		
Net depreciation of plan assets	**-**	14,589,065
Benefits paid directly to participants	**71,406,095**	72,324,203
Administrative expenses	**4,538,958**	4,238,029
Total deductions	**75,945,053**	91,151,297
Net increase (decrease)	**3,109,562**	(53,088,723)
Master Trust assets, beginning of year	**823,609,667**	876,698,390
Master Trust assets, end of year	**$ 826,719,229**	$ 823,609,667
Plan's interest in Master Trust investment income	**$ 61,303,563**	$ 14,843,632

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, 2025 and 2024:

	Fair Value at December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	**$ 33,202**	**$ 3,897,217**	**$ -**	**$ 3,930,419**
Equity investments	**-**	**103,266,868**	**12,041,312**	**115,308,180**
Government securities	**264,540,816**	**27,287,316**	**-**	**291,828,132**
Corporate securities	**-**	**400,360,885**	**-**	**400,360,885**
Total investments at fair value	**$ 264,574,018**	**$ 534,812,286**	**$ 12,041,312**	**$ 811,427,616**

	Fair Value at December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ 116,948	$ 8,271,470	$ -	$ 8,388,418
Equity investments	66,602,292	72,915,908	14,065,454	153,583,654
Government securities	253,485,784	23,428,423	-	276,914,207
Corporate securities	-	369,829,565	-	369,829,565
Total investments at fair value	$ 320,205,024	$ 474,445,366	$ 14,065,454	$ 808,715,844

At December 31, 2025 and 2024, the Master Trust held approximately 85% and 80%, 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 Master Trust's investments in equity instruments include limited partnership interests, which are categorized as Level 3 and had an aggregate fair value of $12,041,312 and $14,065,454 at December 31, 2025 and 2024, 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 Level 3 assets of the Master Trust had no purchases for the year ended December 31, 2025 and sales of $3,732,274. The Level 3 assets of the Master Trust had no purchases for the year ended December 31, 2024 and sales of $5,035,981.

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, 2025 and 2024, respectively.

	December 31, 2025			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Common collective trusts	**$102,563,235**	**n/a**	**Daily / Semi-Monthly**	**none**
Private equity *	**12,041,312**	**$ 2,465,000**	**n/a**	**n/a**

	December 31, 2024			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Common collective trust	$ 72,049,319	n/a	Daily / Semi-Monthly	none
Private equity *	14,065,454	$ 2,915,000	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, 2025 and 2024, the Master Trust held no derivative financial instruments.

11. Subsequent Events

The Plan has evaluated events occurring between December 31, 2025 and October 14, 2026, 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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning and ending

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
- ☐ a DFE (specify)____

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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 PENSION PLAN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1966

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)
BLACK & DECKER (U.S.) INC.

701 E JOPPA ROAD

TOWSON MD 21286

2b Employer Identification Number (EIN) 52-1127357

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

2d Business code (see instructions) 335900

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	Amy Le Pare	10/12/26	AMY PARE
	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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
STANLEY BLACK & DECKER PENSION PLAN

B Three-digit plan number (PN) ▶ 013

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

D Employer Identification Number (EIN)
52-1127357

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	718,027,097
b Actuarial value	**2b**	724,347,193

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	8,791	558,951,788	558,951,788
b For terminated vested participants	3,436	147,279,873	147,279,873
c For active participants	721	36,458,654	37,922,703
d Total	12,948	742,690,315	744,154,364

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,700,000
c Target normal cost	**6c**	3,700,000

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 Jennifer J. Burns

Signature of actuary

9/17/2026
Date

Jennifer J. Burns
Type or print name of actuary

2607363
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

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

PO Box 674401

Houston TX 77267
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	91,385,855
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,474,499
9	Amount remaining (line 7 minus line 8)	0	83,911,356
10	Interest on line 9 using prior year's actual return of 1.99%	0	1,669,836
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,969,034
	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 5.07%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		78,984
	c Total available at beginning of current plan year to add to prefunding balance		4,048,018
	d Portion of (c) to be added to prefunding balance		4,048,018
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	89,629,210

Part III Funding Percentages

14	Funding target attainment percentage	14	85.29%
15	Adjusted funding target attainment percentage	15	85.29%
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	93.92%
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
08/21/2026	2,200,000	0			
		Totals ► 18(b)	2,200,000	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	2,020,202

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:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? 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**	3,700,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	109,436,381	10,755,264
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**	14,455,264

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	12,435,062	12,435,062

36 Additional cash requirement (line 34 minus line 35)	**36**	2,020,202
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,020,202

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(a) Age	(b) Rate	(c) Weight	Product (d) (a) x (b) x (c)
55	10.00%	0.100000	5.500000
56	10.00%	0.090000	5.040000
57	10.00%	0.081000	4.617000
58	10.00%	0.072900	4.228200
59	10.00%	0.065610	3.870990
60	10.00%	0.059049	3.542940
61	10.00%	0.053144	3.241790
62	20.00%	0.095659	5.930882
63	20.00%	0.076528	4.821233
64	20.00%	0.061222	3.918208
65	30.00%	0.073466	4.775316
66	40.00%	0.068569	4.525530
67	40.00%	0.041141	2.756459
68	40.00%	0.024685	1.678560
69	40.00%	0.014811	1.021947
70	100.00%	0.022216	1.555137
Weighted Average			61.02
Rounded For Schedule SB Item 22			**61**

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Termination rates, retirement rates, and the assumed commencement date for deferred vested participants were updated based on an experience study conducted in 2024 based on actual participant experience from 2021 to 2023.

Plan Name:	Stanley Black & Decker Pension Plan
EIN / PN:	52-1127357/013
Plan Sponsor:	Black & Decker (U.S.) Inc.
Valuation Date:	January 1, 2025

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	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.31%

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 2025 for administrative expenses is $3,700,000, which is the prior year actual administrative expenses adjusted for expected changes in PBGC premiums and rounded to the nearest $100,000.

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant. Participation closed to new employees.
New or rehired	It was assumed there would be no new or rehired employees.
Form of payment:	
Best Lock:	Married participants are assumed to elect the unreduced 50% joint and survivor annuity and single participants are assumed to elect the life only annuity.
Plans other than Best Lock	Married participants: 50% elect a single life annuity and 50% elect a 50% Joint and Survivor annuity. Single participants: 100% elect a single life annuity
Percent married	85% of males and 50% of females
Spouse age	Male spouses are assumed to be 3 years older than female spouses
Mortality:	For purposes other than ASC 960: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality:	
HSM	Revenue Ruling 96-7 Mortality Table
Plans other than HSM	Same as healthy mortality

SCHEDULE SB ATTACHMENTS

Termination (not due to disability or retirement) rates

All locations

Representative Termination Rates

Age	Percentage leaving during the year
30	15.0%
35	12.5%
40	12.5%
45	12.5%
50	10.0%
55	10.0%
56+	0.0%

Disability rates:

Black and Decker Pension Plan

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

Percentage becoming disabled during the year		
Age	Males	Females
15	0.0225%	0.0225%
20	0.0225%	0.0225%
25	0.0225%	0.0225%
30	0.0225%	0.0300%
35	0.0300%	0.0525%
40	0.0600%	0.0975%
45	0.1200%	0.1800%
50	0.2475%	0.3000%
55	0.5175%	0.4800%
60	0.8625%	0.6750%
65+	0.0000%	0.0000%

SCHEDULE SB ATTACHMENTS

National Manufacturing

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

Percentage becoming disabled during the year		
Age	Males	Females
25	0.04%	0.04%
30	0.04%	0.06%
35	0.05%	0.10%
40	0.11%	0.18%
45	0.22%	0.34%
50	0.46%	0.56%
55	0.96%	0.89%
60	1.61%	1.97%
64	2.29%	1.02%

Porter Cable

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

Percentage becoming disabled during the year	
Age	Rate
15	0.0602%
20	0.0602%
25	0.0901%
30	0.1159%
35	0.1583%
40	0.2658%
45	0.4260%
50	0.7453%
55	1.2267%
60	1.9490%
63+	0.0000%

Prior Honeywell Retirement Benefit Plan Participants

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

Percentage becoming disabled during the year	
Attained Age	Rate
<50	0.0000%
55-59	0.0354%
60-64	0.1416%
65+	0.0000%

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Prior Honeywell Protection Services Participants

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

Percentage becoming disabled during the year	
Attained Age	Rate
25	0.00020%
35	0.00030%
45	0.00080%
55	0.00360%
60	0.00720%

Best Lock, Ferry Cap Salaried, Lista, Price Pfister, Sargent & Greenleaf, and True Temper

Not applicable or none assumed.

Retirement rates:

All locations

Rates at which participants are assumed to retire by age are shown below. The average retirement age is 61. Active employees are assumed to receive a timely suspension of benefits notice.

Percentage retiring during the year	
Age	Rate
55-61	10.0%
62-64	20.0%
65	30.0%
66-69	40.0%
70+	100.0%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit: For all plans, age 65. For deferred vested participants over normal retirement date at the valuation date, it is assumed that they commence their actuarially increased benefit immediately.

SCHEDULE SB ATTACHMENTS

Methods

Valuation Date	First day of plan year
Funding Target	Present value of accrued benefits.
Target Normal Cost	Since the Plan has no participants accruing benefits, the target normal cost consists entirely of plan-related expenses.
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.
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.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 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

All benefits described in the Plan Provisions section of this report were valued based on discussions with Stanley Black & Decker, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Stanley Black & Decker, Inc. and based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Stanley Black & Decker, Inc., through its third party administrator Wells Fargo, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information 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.

In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For approximately 41 beneficiaries with postretirement death benefit only were assumed to not be included in the extract.
- For approximately 93 received as deceased with joint and survivor payment with no beneficiary record provided, assumed beneficiary in-payment with benefit adjusted for joint and survivor percentage.
- For approximately 4 records were received without a lump sum status but in the Lump Sum Report, assumed to have been paid out.
- For approximately 110 records received as not deceased but had a death date and new beneficiary record, assumed deceased.
- For approximately 7 prior deferred beneficiaries valued with only PRDB due provided on extract with annuity and PRDB due, assumed extract correct and valued annuity and PRDB are due.
- For approximately 17 records received form change from joint and survivor to single life annuity with beneficiary death dates, assumed extract was correct.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Black & Decker Pension Plan

Plan Provisions

The plan was amended and restated January 1, 2020. Most recently amended effective March 1, 2020.

Covered employees	One year of eligible service is required for participation. All participants under a prior plan before January 1, 1992 are automatically included. Participation closed to new employees hired on or after January 1, 2007.

Definitions

Vesting service	Vesting service is determined on an elapsed time basis with rounding of partial months.
Credited service	Credited service is frozen.
Pensionable pay	Section 415 compensation plus elective deferrals prior to January 1, 1998 but excluding expense allowances, non-fringe benefits, moving expenses, non-qualified deferred compensation, welfare benefits or payments under Incentive or Equity Plan.
Average earnings	Average earnings are frozen.
Normal retirement date (NRD)	First day of the month coinciding with or next following the attainment of age 65.
Monthly pension benefit	1.0% of Final Average Pay (base percentage) plus 0.425% of Final Average Pay in excess of Covered Compensation (excess percentage), times Benefit Service Credit after December 31, 1991. Service for the excess formula is limited to 35 years, including service under the Prior Plan. plus The benefit calculated under the Prior Plan, as of December 31, 1991 multiplied by Final Average Pay at date of termination divided by Final Average Pay at December 31, 1991, not less than one.

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	Return of Prior Plan accumulated contributions (if applicable) with credited interest. The spouse will receive a monthly annuity based on the Joint and 50% Survivor Annuity Option.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and five years of vesting service credit. Attaining age 55, for employees covered under a prior plan whose early retirement eligibility was age 55 without regard to service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after becoming 100% vested with five or more years of vesting service credit, or at age 65, regardless of service.
Disability	Disability while in employment and before age 65.
Preretirement death benefit	Death of an active, married participant who has completed at least five years of service or a vested terminated married participant.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Normal retirement benefit decreased by 1/4% per month for the first 60 months and by 1/3% per month for the next 60 months that commencement precedes age 65. For employees meeting the Rule of 90 requirement (age plus vesting service credit equal or exceed 90), no reduction for retirement between ages 62 and 65. Accrued pension decreased by 1/4% per month for the first 24 months and by 1/3% per month for the next 60 months that commencement precedes age 62.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.

SCHEDULE SB ATTACHMENTS

Vested termination	Accrued pension based on benefit service credit to termination date. Benefit is payable starting at age 65. Benefits may commence as early as age 55 decreased by 3/4% per month for the first 48 months and 5/12% per month in excess of 48 months prior to age 65. An employee's vested benefit in the Plan cannot be less than his vested benefit under a Prior Plan.
Disablement	Any termination or early retirement benefit for which the participant qualifies. Payments commence as soon as practicable following the approval of the application for benefits.
Preretirement death	If the participant has not reached early retirement eligibility at death, on the date he would have reached early retirement had he lived, or if the participant is eligible for early retirement, immediately. The spouse may defer commencement up to the participant's NRD.

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, 5-year or 10-year certain and continuous annuity, and Level Income Annuity (with Social Security). If the present value of Accrued Pension is less than or equal to $1,000, a cash-out payment will be made.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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:	Stanley Black & Decker Pension Plan
EIN / PN:	52-1127357/013
Plan Sponsor:	Black & Decker (U.S.) Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Summary of principle plan provisions different from main plan

Best Lock

Plan Provisions

The original plan was effective September 1, 1989. The plan was amended and restated effective January 1, 2011. Most recently amended effective December 31, 2012. The Best Lock plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees

Employees include persons actively employed by the Company on September 1, 1989 who completed at least one hour of service before September 1, 1989 or persons on an authorized leave of absence on September 1, 1989 or totally disabled on September 1, 1989. Employees are eligible to participate in the plan at the later of the attainment of age twenty-one, completion of one year of service, or September 1, 1989.

Definitions

Monthly pension benefit

The product of:

(i) 1% of participant's base pay

(ii) The greater of:

(a) 2

(b) Elapsed time from date of hire to August 31, 1989, measured in years and complete months.

Monthly preretirement death benefit

For vested participants. A benefit equal to half of the monthly pension benefit reduced for early retirement is payable to the surviving spouse. For active participants, the monthly pension benefit is deferred to the date the participant would have become eligible for early retirement.

Eligibility for Benefits

Postponed retirement

Payment of normal retirement benefits may be deferred beyond NRD, provided that the participant completes 40 hours of service per month.

Disability

Not applicable

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Early retirement

The early retirement benefit is equal to the monthly pension benefit, reduced by 5/12 of 1% for each full calendar month by which benefit commencement precedes the normal retirement date.

Vested termination

The participant's accrued monthly pension benefit is provided. Payments commence on the first day of the month coinciding with, or following the participant's normal retirement date. Vested benefits are payable as early as age 55, if the participant had five years of service at termination. Benefits payable prior to NRD are reduced as for early retirement.

Disablement

Not applicable

Other Plan Provisions

Forms of payment

Single employees – Life annuity

Married employees – Unreduced 50% joint and survivor annuity and 75% joint and survivor.

Optional forms of payment are determined using UP-84 mortality table and 8% interest.

Joint and 75% survivor option is available, determined using the mortality table in Revenue Ruling 2001-62 and 5% interest and is actuarially equivalent to the Life Annuity.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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 Salaried

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective on January 1, 2015.

Covered employees	Employees of The Ferry Cap & Set Screw Company who were compensated on a salary or commission basis, excluding leased employees and employees covered by a collective bargaining agreement. Participation and benefits in the plan were frozen as of May 31, 2002. The Ferry Cap Salaried Plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2018.
Participation date	January 1 or July 1 immediately following the completion of one year of vesting service. Participation and benefits in the plan were frozen as of May 31, 2002.

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
Vesting service	One year for each plan year during which the participant completes at least 1,000 hours of service
Pensionable pay	All forms of taxable income earned in the course of business except for overtime, ½ of commissions, bonuses, and other supplement compensation
Average earnings	Average earnings are frozen
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 their years of credited service multiplied by 1.5% of their average monthly compensation up to Covered Compensation plus 0.5% of average monthly compensation in excess of Covered Compensation. Accrual of benefits were frozen as of May 31, 2002.
Monthly preretirement death benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% 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 55 and completing 5 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 15 or more years of vesting service and is at least age 55
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 disabled retirement after January 1, 1977

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 1/15 for each of the first five years, by 1/30 for each of the next 5 years, and actuarially reduced for each additional year thereafter that payment precedes the participant's NRD

SCHEDULE SB ATTACHMENTS

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 1/15 for each of the first five years, by 1/30 for each of the next 5 years, and actuarially reduced for each additional year thereafter that payment precedes the participant's NRD
Disablement	The monthly pension benefit determined as of the date of the disablement, payable as of the date of disablement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is actuarially equivalent to the benefit the participant would have received at normal retirement.
Postretirement death	A lump sum benefit of $5,000 payable upon death to the beneficiary of the participant

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above or as an actuarially equivalent lump sum. If the present value of the accrued benefit of a participant is less than $5,000, it is automatically paid out as a lump sum. 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 in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

Plan Name:	Stanley Black & Decker Pension Plan
EIN / PN:	52-1127357/013
Plan Sponsor:	Black & Decker (U.S.) Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Former Hartford Participants

Plan Provisions

The original plan was effective September 1, 1958. The plan was amended and restated January 1, 2007. Most recently amended effective December 31, 2012. Eligibility and benefits are frozen.

Covered employees Covered employees are eligible immediately.

Definitions

Monthly pension benefit

Date of retirement	Monthly benefit accrual rate
Prior to 09/03/1979	$10.00
09/13/1979 to 09/12/1980	$11.00
09/13/1980 to 09/12/1981	$12.00
09/12/1981 to 07/06/1986	$12.50
07/07/1986 to 07/06/1987	$13.50
07/07/1987 to 07/06/1989	$14.00
07/07/1989 to 07/06/1990	$15.00
07/07/1990 to 07/06/1991	$15.50
07/07/1991 to 07/06/1992	$16.00
07/07/1992 to 07/06/1994	$17.50
07/07/1994 to 07/06/1995	$18.00
07/07/1995 to 07/06/1996	$18.50
07/07/1996 to 07/06/1997	$19.00
07/07/1997 to 07/06/1998	$19.50
07/07/1998 to 06/15/1999	$20.50
06/16/1999 and after	$22.50

NOTE: Credited service for active employees, on the sale date, with service between 3 and 5 years as of December 31, 1999 was set equal to 5.

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	For a vested active employee or former employee who dies after attaining age 55, the benefit is calculated as if the employee had retired on the first of the month in which he died with the automatic form of benefit in effect. For such employee who dies prior to attaining age 55, the benefit 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 vested benefit at age 55 with the automatic form of benefit in effect. For employees who terminated prior to January 1, 1992, Benefits of employees and their surviving spouses are reduced to reflect the cost of the coverage during the period it is in effect, except that there is no charge while the employee is in active service after age 55 or during the deferral period after an employee retires early and defers commencement of his benefit. During the period where a reduction in benefit change is assumed for such coverage, employee can reject coverage but requires spouse's consent.

Eligibility for Benefits

Early retirement	Retirement before NRD and after both attaining age 55 and completing ten years of continuous service. *Active employees, between June 16, 1999 and December 31, 1999, were eligible for early retirement if they were age 54 with ten or more years of continuous service as of December 31, 1999.
Vested termination	Five years of continuous service
Disability	Disability prior to NRD after completing ten years of continuous employment

Benefits Paid Upon the Following Events

Early retirement	Accrued normal retirement pension as of early retirement date commencing at age 62 or reduced if commencing before age 62 by 1/3 of 1% for each month that the benefit commences before age 62. *Active employees, between June 16, 1999 and December 31, 1999, were eligible for early retirement if they were age 54 with ten or more years of continuous service as of December 31, 1999. Benefits were unreduced for employees age 59 with ten or more years of continuous service.

SCHEDULE SB ATTACHMENTS

Vested termination

Starting at age 65, a pension calculated as for normal retirement, based on Credited Service to date of termination. If a former employee had ten years of Continuous Service, a reduced benefit is payable commencing between ages 55 and 65. The following schedule shows, for each whole age, the vested early retirement factors used in calculating the benefit:

Vested Early Retirement Factors			
Age	Factor	Age	Factor
55	.387693	60	.605340
56	.422296	61	.665827
57	.460762	62	.734114
58	.503640	63	.811485
59	.551578	64	.899490

Disablement

If not eligible to receive a social security disability benefit, twice the normal retirement benefit accrued to date of disability is payable to age 65. After age 65, normal retirement benefit accrued to date of disability is payable. If eligible to receive a social security disability benefit the normal retirement benefit accrued to date of disability is payable.

Other Plan Provisions

Forms of payment

- Normal — Life Annuity for unmarried employees, 50% Contingent Annuitant for married employees.
- Optional — Single Life Annuity, 50% and 75% Contingent Annuitant option; Social Security option; Life Annuity option, lump sum.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Former Honeywell Retirement Benefit Plan Participants

Plan Provisions

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

Covered employees

Employees must satisfy the following criteria:

(a) The employee must have become an active employee as of the effective date of the plan.

(b) The employee must have been a participant in the prior Honeywell plan.

(c) The employee did not retire from Honeywell prior to the effective date.

Definitions

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of a participant's Social Security Normal Retirement Age

Monthly pension benefit

The annual normal retirement benefit is the sum of:

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

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

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

Benefits were frozen on July 1, 2006.

Monthly preretirement death benefit

(1) If the participant dies while in the service of the employer or after termination, with 5 but less than 10 years of vesting service, the spouse receives 100% of the benefit the participant would have received if the deceased participant elected a 100% joint and survivor annuity. The benefit is deferred to no earlier than the early retirement date and is reduced by the appropriate early retirement and/or joint & survivor factors in the same manner as for early retirement.

(2) If the participant dies while in the service of the employer with 10 or more years of vesting service, the spouse receives an amount equal to 100% of the deceased participant's accrued benefit, reduced for early commencement but not reduced for form of payment.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Early retirement Retirement before NRD and after both attaining age 55 and completing ten years of vesting service or after attaining age 65.

Disability Permanent and total disablement before NRD

Benefits Paid Upon the Following Events

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

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

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

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

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

Postponed retirement Monthly pension benefit increased for late retirement using tabular plan factors which are defined based on Social Security Normal Retirement Age

Vested termination Monthly pension benefit as of the terminated date. If the participant has 5 or more but less than 10 years of vesting service, benefits are deferred to age 65 or NRD. Benefits paid before NRD are reduced for early retirement. If the participant has 10 or more years of vesting service, benefits are payable as early as age 55, reduced for early retirement.

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

Forms of payment

Single employees - Life annuity

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

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

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

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Former Honeywell Protection Services Participants

Plan Provisions

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

Covered employees

Employees must satisfy the following criteria:

The employee must have become an active employee as of the effective date of the plan.

The employee must have been a participant in the prior Honeywell plan.

The employee did not retire from Honeywell prior to the effective date.

Definitions

Normal retirement date (NRD)

Last day of the payroll week in which the participant attains age 65

Monthly pension benefit

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

Termination Date	$ Benefit per Year of Credited Service
Prior to November 18, 2004	$31.00
Prior to November 18, 2005	$33.00
On or after November 18, 2005	$34.50

Benefits were frozen effective March 1, 2007.

Monthly preretirement death benefit

With 5 years of credited service and married on date of death, the monthly benefit payable to the spouse is 50% of the benefit amount to which the participant would have been entitled if he had survived to his earliest retirement age, elected the 50% joint and survivor benefit, retired and then died the day after retirement.

With age 58 and 10 years of credited service and married on date of death, the monthly benefit payable to the spouse is 50% of the participant's accrued benefit, reduced for early commencement in the same manner as the early retirement benefit.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Early retirement

Retirement before NRD and after both attaining age 62 and completing ten years of vesting service.

Disability

Permanent and total disablement before NRD and after completing 15 years of credited service

Preretirement death benefit

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

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

(ii) Five or more years of credited service and married at the date of death

Benefits Paid Upon the Following Events

Early retirement

Monthly pension benefit reduced 5/9% for each full month by which benefit commencement precedes the normal retirement date.

Postponed retirement

Monthly pension benefit increased for late retirement using tabular plan factors which are defined based on Social Security Normal Retirement Age.

Vested termination

Monthly pension benefit as of the terminated date payable at NRD.

Disablement

Monthly pension benefit based on projected credited service at retirement as follows:

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

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

Other Plan Provisions

Forms of payment

Single employees - Life annuity

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

Optional form of payment – 10 years period certain

SCHEDULE SB ATTACHMENTS

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Hartford Division Emhart

Plan Provisions

The original plan was effective January 1, 1965. The plan was amended and restated effective January 1, 2007. Most recently amended effective December 31, 2012. Eligibility and benefits are frozen.

Covered employees	Covered employees are eligible immediately.

Definitions

Monthly pension benefit	0.75% of Average Compensation multiplied by Years of Benefit Service plus 0.75% of Average Compensation in excess of $6,000 multiplied by Years of Benefit Service.
Monthly preretirement death benefit	Monthly pension benefit based on the 50% Joint and Survivor annuity option.

Eligibility for Benefits

Early retirement	Retirement before NRD and on or after attaining both age 55 and completing ten years of service
Disability	Total and permanent in the opinion of a qualified physician. In addition, participant must be eligible to receive Social Security benefits.

Benefits Paid Upon the Following Events

Early retirement	Actuarial equivalent of accrued monthly pension benefit as of early retirement date or date benefit is to commence, if later.
Postponed retirement	Greater of: (1) Accrued monthly pension benefit on actual retirement date (2) Accrued monthly pension benefit on NRD actuarially increased
Vested termination	Starting at 65, a pension calculated as for normal retirement based on benefit service to date of termination

SCHEDULE SB ATTACHMENTS

Disablement	Participant election of (1) or (2): (1) A benefit equal to accrued monthly pension benefit to NRD (2) Actuarial equivalent of accrued monthly pension benefit computed at the date of disability payable immediately
Preretirement death	The spouse will receive a monthly annuity based on the 50% Joint and Survivor annuity option. If the participant has not reached early retirement eligibility at death, the benefit is payable on the earlier of the date he would have reached early retirement or age 62 had he lived, or if the participant is eligible for early retirement, immediately. The spouse may defer commencement up to the participant NRD.

Other Plan Provisions

Forms of payment

• Normal	Single Life Annuity for unmarried participants, 50% Joint and Survivor Annuity for married participants.
• Optional	Single Life Annuity, 50%, 75%, and 100% Joint and Survivor Annuities. If the present value of the accrued benefit is less than or equal to $1,000, a cash-out payment will be made.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Lista

Plan Provisions

The original plan was effective January 1, 1979. The plan was amended and restated effective January 1, 2011. Most recently amended effective December 31, 2012. The Lista plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees	Employees are eligible to participate in the plan upon completion of one year of service, defined as a12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service. Computation period commences on employee's date of hire.

Definitions

Average annual earnings	The average of the participant's W-2 earnings during the highest five consecutive Plan Years during the participant's career.
Final average compensation	The average of the participant's W-2 earnings over the consecutive three year period ending on December 31 of the Plan Year coinciding with or immediately preceding the participant's termination of employment. Final average compensation shall not exceed Covered Compensation as defined under Section 401(I)(5)(E) of the Internal Revenue Code and earnings shall not exceed the Taxable Wage Base in any year.
Normal retirement date (NRD)	The first day of the month coinciding with the later of: (a) The participant's 65th birthday (b) The earlier of either the fifth anniversary of Participation date or the completion of five years of credited service
Monthly pension benefit	The normal retirement benefit for a participant is 1.5% of Average Annual Earnings minus the lesser of: (a) 0.65% of Final Average Compensation (b) 0.75% of Average Annual Earnings, limited to Final Average Compensation, multiplied by years and months of credited service, to a maximum of 30 years. Benefits are now frozen for all groups effective August 1, 2004.

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	The surviving spouse is entitled to an amount equal to the benefit the participant would have received had they terminated employment on the date of death and elected to receive benefits as a 50% Joint and Survivor annuity option. Monthly payments commence as of the later of the participant's date of death or age 55.

Eligibility for Benefits

Disability	Not applicable

Benefits Paid Upon the Following Events

Early retirement	Monthly pension benefit reduced actuarially for payment prior to NRD
Postponed retirement	A benefit equal to greater of the monthly pension benefit determined at actual retirement date and the benefit available at the participant's NRD actuarially increased to actual retirement date is available for participants who continue employment after their NRD.
Vested termination	Monthly pension benefit unreduced when payable at NRD. Benefits are reduced when payable prior to NRD as for early retirement.
Disablement	Not applicable

Other Plan Provisions

Forms of payment	The normal form of benefit is a life annuity. Actuarially equivalent optional forms are based upon the UP-84 mortality with a 3-year setback for beneficiaries at 7% interest. Single employees – Life annuity, 10 years certain and life Married employees – Life annuity, 50%, 66 2/3%, 75% and 100% joint and survivor annuity, and 10 years certain and life Lump sums are available for amounts $5,000 or less

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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:	Stanley Black & Decker Pension Plan
EIN / PN:	52-1127357/013
Plan Sponsor:	Black & Decker (U.S.) Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

National Manufacturing

Plan Provisions

The original plan was effective January 1, 1957. The plan was amended December 31, 2012. The National Manufacturing plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees	Each participant who was in the plan prior to December 31, 1983 is eligible. Other employees become eligible to participate in the plan at the later of the attainment of age twenty-one and completion of one year of service with at least 1,000 hours of service with the Company.

Definitions

Normal retirement date (NRD)	First day of the month coinciding with or next following the attainment of age 65 and completion of five years of credited service.
Monthly pension benefit	Regular Benefit: The monthly pension benefit for Regular employees is the sum of: (i) 0.825% of final average earnings up to $12,000 (annual earnings) multiplied by years of benefit service (ii) 1.5% of final average earnings in excess of $12,000 (annual earnings) multiplied by years of benefit service Sales Benefit: The monthly pension benefit for salesmen is 0.5% of final average earnings multiplied by years of benefit service. Earnings in excess of $50,000 are not recognized. For both groups, benefit accruals ceased on December 31, 2006.

Monthly preretirement death benefit

If the participant meets eligibility requirement (2i) (below), the monthly benefit payable to the spouse is 50% of the participant's accrued benefit determined as if the participant had attained his Normal Retirement Date and retired on the first day of the month following the month in which his death occurred.

If the surviving spouse was more than ten years younger than the participant, the amount of monthly retirement income is reduced to be the Actuarial Equivalent of the monthly benefit that would have been payable to the spouse if the spouse had been exactly ten years younger than the participant.

If the present value of the monthly retirement income payable to the spouse is greater than 100 times the monthly retirement income the participant would have received (under the normal form) at his Normal Retirement Date, had he continued to work until such date, the spouse's monthly retirement income will be reduced by the ratio of:

(1) 100 times the monthly retirement income in the normal form which would have been payable to the participant at his Normal Retirement Date to

(2) The present value of the monthly retirement income otherwise payable to the spouse.

If the participant meets eligibility requirement (2ii) (below), the spouse is entitled to a benefit equal to the benefit that would have been payable to the spouse if the Participant had elected to receive his benefits in the 50% joint and survivor form.

Eligibility for Benefits

Early retirement

Retirement before NRD and after both attaining age 55 and completing ten years of credited service

Disability

Disability prior to NRD after completing ten years of credited service and participant is entitled to disability payments under the Social Security Act or a Company sponsored disability program.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	A participant's spouse will be entitled to a spouse's benefit in the event of the participant's death, if the following conditions are met as of the participant's date of death: (1) The participant was employed by the Company (2i) The participant completed 10 or more years of Credited Service or (2ii) 5 years of Credited Service. (3) The participant had been married to the same spouse for the one-year period ending on his date of death

Benefits Paid Upon the Following Events

Early retirement	Monthly pension benefit actuarially reduced for each month that payment preceded NRD
Vested termination	Monthly pension benefit determined at termination date deferred to NRD. Benefits are payable as early as age 55 if the participant had 10 years of service at termination. Benefits are reduced when payable prior to NRD as for early retirement.
Preretirement death	The monthly preretirement benefit determined above, payable as below: If the participant meets eligibility requirement (2i), the spouse's benefit is payable on the first of the month following the participant's death. A later commencement date can be selected provided that such date will not be later than the date the participant would have reached early retirement. If the participant meets eligibility requirement (2ii) then the spouse's benefit is payable on the date on which the participant would have reached his early retirement.
Postretirement death	A lump sum payment of $1,000, less proceeds under any group life insurance program financed by the company, is payable to the designated beneficiary or estate. In addition, the spouse will continue to get any death benefit payable in accordance with the terms of the form of benefit payments elected by the participant.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Single employees – Life annuity

Married employees – 50%, 66-2/3%, 75% and 100% joint and survivor annuities.

The normal form of payment is a life annuity. Actuarially equivalent optional forms are based upon the 1971 Group Annuity Mortality table for males and 7% interest.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Porter Cable

Plan Provisions

The original plan was effective January 1, 1970. The plan was amended and restated effective January 1, 2007. Most recently amended effective December 31, 2012. The Porter Cable plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees

All covered employees are eligible immediately. Participation closed to new employees hired on or after January 1, 2007. Benefit accruals were frozen effective December 31, 2010.

Definitions

Normal retirement date (NRD)

The later of attaining age 65 and the fifth anniversary of participation

Monthly pension benefit

Date of termination	Monthly benefit accrual rate
12/01/1984 to 12/31/1986	$9.00
01/01/1987 to 12/31/1988	$10.00
01/01/1988 to 01/31/1990	$11.00
02/01/1990 to 12/31/1991	$12.00
01/01/1991 to 01/31/1992	$13.00
02/01/1992 to 01/31/1994	$14.00
02/01/1994 to 01/31/1995	$15.00
02/05/1995 to 12/31/1996	$16.00
01/01/1997 to 01/31/2002	$17.00
On or after 02/01/2002	$18.00

Monthly unit from above times years of Credited Service. For the period 12/1/1984 to 12/31/1995, a 30-year cap on Credited Service applies.

Monthly preretirement death benefit

Pension is equal to what the spouse would have received had the employee terminated at date of death, survived to earliest retirement age, and retired on his early retirement date with the 50% Joint and Survivor Annuity form of payment

Eligibility for Benefits

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Vested termination	Five years of vesting service, or age 55 regardless of service.
Disability	Not applicable
Preretirement death benefit	Death after completing five years of vesting service and at least one year of marriage

Benefits Paid Upon the Following Events

Early retirement	Monthly pension benefit reduced 1/2% per month for the first 60 months and by 1/3% per month for the next 60 months that commencement precedes NRD.
Vested termination	Starting at age 65, the monthly pension benefit based on credited service to date of termination. Participants with 10 years or more of vesting service at termination may commence benefits under the same provisions as early retirement.
Disablement	Not applicable

Other Plan Provisions

Forms of payment	Normal: Single Life Annuity for unmarried participants, 50% Joint and Survivor Annuity for married participants. Optional: Single Life Annuity. 50%, 75%, and 100% Joint and Survivor Annuity. Lump Sum: A participant whose Actuarial Equivalent lump sum is $1,000 or less shall receive an automatic lump sum.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Price Pfister

Plan Provisions

The original plan was effective June 27, 1983. The plan was amended and restated effective January 1, 2007. Most recently amended effective December 31, 2012. The Price Pfister plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees

Covered employees are eligible immediately. There are no longer any active participants

Definitions

Monthly pension benefit

1. For members of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America.

Year of Benefit Service	Monthly Pension Benefit for Each Year of Benefit Service
Prior to 04/01/1982	$10.00
04/01/1982 to 03/31/1983	$11.00
04/01/1983 to 06/26/1983	$12.00
06/27/1983 to 10/31/1990	$15.00
November 1, 1990 and thereafter, other than employees who are laid off as a result of the closing of the employer's Pacoima, California plant	$20.00
November 1, 1990 and thereafter, other than employees who are laid off as a result of the closing of the employer's Pacoima, California plant and who retire thereafter	$21.00

where only the most recent 35 years of benefit service credit are counted.

or

2. For member in Package and General Utility Drivers Local 396

Year of Benefit Service	Monthly Pension Benefit for Each Year of Benefit Service
04/03/1978 to 04/30/1981	$7.50
05/01/1981 to 04/03/1990	$10.00
04/04/1990 to 04/03/1991	$11.00
04/04/1991 to 04/03/1992	$12.00
04/04/1992 and thereafter	$13.00

where only the most recent 30 years of Benefit Service Credit are counted.
less

3. Benefit attributable to service with Norris Industries, Inc.

Monthly preretirement death benefit

One half of benefit that would have been payable to the member if he had retired or terminated immediately prior to death with payment in the form of a 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.

Eligibility for Benefits

Early retirement

Retirement before NRD and on or after both attaining age 60 and completing ten years of vesting service credit

Disability

Eligible for Social Security disability benefits and after attaining age 50 and completing 15 years of vesting service credit

Preretirement death benefit

Death after attaining age 65 or completing five years of vesting service credit

Benefits Paid Upon the Following Events

Early retirement

Monthly pension benefit based on years of service at termination date. Benefits payable either at normal retirement date or if earlier, the benefit is reduced by 4/10% for each month that payments begin prior to normal retirement date.

Postponed retirement

A benefit equal to greater of the monthly pension benefit determined at actual retirement date and the benefit available at the participant's NRD

	actuarially increased to actual retirement date is available for participants who continue employment after their NRD.
Disablement	Monthly pension benefit at disability without any reduction for early payment

Other Plan Provisions

Forms of payment	Single Life Annuity and 50% and 75% Joint and Survivor Annuity. A participant whose present value of benefits is $1,000 or less will receive automatic cash out.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Sargent & Greenleaf

Plan Provisions

The original plan was effective December 28, 1961. The plan was amended and restated effective January 1, 2011. Most recently amended effective December 31, 2012. The Sargent & Greenleaf plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees

Employees are eligible to participate in the plan at the attainment of age twenty-one. This includes employees who are members of a unit covered by a collective bargaining agreement.

Definitions

Pensionable pay

Plan compensation is base pay. Average earnings is the highest average compensation over a consecutive five year period.

Monthly pension benefit

The greater of:

(i) 50% of final average earnings minus 50% of Primary Social Security Benefit – reduced one-fifteenth for each year of credited service less than 15 years. Certain employees have maximum Social Security offset provision in accordance with Code Section 401(l) and certain location groups have additional benefit of $3/month for each year of credited service.

(ii) Pension trust benefit

(iii) $600; reduced one-fifteenth for each year of credited service less than 15 years.

Benefits are now frozen for all groups.

Monthly preretirement death benefit

If a vested participant dies after becoming eligible for early retirement, a benefit equal to half of the participant's early retirement benefit under the 50% Joint and Survivor annuity option is payable to the surviving spouse.

If an active vested participant dies prior to becoming eligible for early retirement, the above benefit is deferred to the date the participant would have become eligible for early retirement.

Eligibility for Benefits

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service
Postponed retirement	Retirement after NRD up to five years
Vested termination	Termination for reasons other than death or retirement after completing five years (4 years for Safemasters) of credited service
Disability	Totally and permanently disabled for at least 6 months prior to severance from employment. Also the participant is not covered by the employer's LTD plan.
Preretirement death benefit	Death after becoming eligible for early retirement or a deferred vested benefit

Benefits Paid Upon the Following Events

Early retirement	Monthly pension benefit reduced by 5/9 of 1% for each full calendar month for the first 60 months and 5/18 of 1% for each additional month by which the early retirement date precedes NRD.
Vested termination	Monthly pension benefit unreduced when payable at NRD. Benefits are reduced when payable prior to NRD as for early retirement
Disablement	Monthly pension benefit unreduced for early commencement and payable upon eligibility

Other Plan Provisions

Forms of payment	The normal form of benefit is a life annuity. Actuarially equivalent optional forms are based upon 1994 Uninsured Pensioner Mortality Table and 5% interest. Optional forms of payment: Single employees – Life annuity, 10 years certain and life Married employees – Life annuity, 50% and 75% joint and survivor annuity, and 10 years certain and life Lump sums are available for employees of Safemasters grandfathered group.

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

True Temper

Plan Provisions

The plan was amended and restated effective August 1, 2007. Most recently amended effective December 31, 2012. The Lista plan merged into the Stanley Black & Decker Pension Plan effective on the close of business December 31, 2012. Eligibility and benefits are frozen.

Covered employees

Covered employees are eligible immediately. There are no longer any active employees covered under this plan.

Definitions

Monthly pension benefit

The benefit rate shown below multiplied by years of continuous service.

Date of Retirement	Monthly Benefit Accrual Rate
Prior to 07/01/1987	$15.00
07/01/1987 to 06/30/1988	$16.00
07/01/1988 to 06/30/1989	$17.00
07/01/1989 to 06/30/1990	$18.00
07/01/1990 to 06/30/1991	$20.00
07/01/1991 and after	$22.00

Monthly preretirement death benefit

Spouse receives 50% of accrued monthly pension ($100 minimum); such benefit is reduced by 50% of the widow's social security benefit when first payable ($50 minimum net benefit). The above 50% rate is reduced by 1/2% for each year the spouse is under age 50.

Eligibility for Benefits

Early retirement

Retirement before NRD and on or after:

(1) Both attaining age 62 and completing fifteen years of continuous service

(2) Less than age 62 with 30 or more years of continuous service

(3) Age 50, 15 years of Continuous Service and Age Plus Continuous Service equals 70 or more, or 15 years of Continuous Service and age plus Continuous Service equals 80 or more and Continuous Service is broken by reason of plant shutdown, layoff or disabilities.

(4) At least 15 years but less than 30 years of Continuous Service and age 60.

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Disability	Fifteen years of continuous service and permanently disabled for at least six months
Preretirement death benefit	Death in active service after 15 years of continuous service or eligible for an immediate pension
Preretirement spouse's benefit	Employee can elect pre-pension coverage if he is age 55 or older with 15 years of continuous service or age 60 with 10 years of continuous service, or age 65 or older.
Vested spouse's benefit	Death after permanent incapacity prior to age 62 or after 5 years of continuous service and not eligible for pre-pension spouse's benefit.
Special payment	Eligible for normal or early retirement

Benefits Paid Upon the Following Events

Early retirement	Monthly pension benefit payable at age 62 or reduced by 1/2 of 1% for each month that commencement precedes age 62. Reductions apply only to participants who are eligible with 15 years of Continuous Service and age 60.
Disablement	Monthly pension benefit plus $230 supplement payable until social security benefits commence or age 62, if earlier; the monthly pension benefit is payable thereafter.
Preretirement spouse's benefit	The spouse's pension is calculated as if the employee had terminated employment on his date of death with the automatic form of pension in effect. For participants with a break in continuous service prior to January 1, 1992, pensions of the employees and their surviving spouses are reduced 7/10% per year the coverage is in effect, to reflect the cost of the pre-pension coverage.
Vested spouse's benefit	50% of the accrued monthly pension at earlier of death or termination assuming participant lived to date benefits were payable and elected 50% Joint and Survivor Annuity.
Special payment	Thirteen weeks' vacation pay (14 weeks if participant currently receives more than 4 weeks of vacation per year) reduced by any

SCHEDULE SB ATTACHMENTS

vacation taken in the year of retirement. If participant receives special payment, monthly pension is deferred three months.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Single Life Annuity, 50%, 75%, and 100% Joint and Survivor Annuities. A participant whose present value of benefits is $1,000 or less will receive automatic cash out.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW 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

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025
Number distributed by attained age and attained years of credited service

	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	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	5	0	0	0	0	0	0	0	0	5
40-44	0	25	30	5	0	0	0	0	0	0	60
45-49	2	21	47	43	8	0	0	0	0	0	121
50-54	1	18	52	50	30	3	0	0	0	0	154
55-59	0	14	42	58	33	31	4	0	0	0	182
60-64	1	12	23	35	26	17	13	4	0	0	131
65-69	0	5	17	13	11	4	6	3	0	0	59
70 & over	0	2	3	0	0	0	0	3	0	1	9
Total	4	102	214	204	108	55	23	10	0	1	721

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

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments
as of January 1, 2025

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	285,622	2,744,582	61,942,009	64,972,213
2026	792,898	3,655,630	59,308,383	63,756,911
2027	1,199,542	4,464,897	56,833,200	62,497,639
2028	1,538,514	5,450,015	54,337,430	61,325,959
2029	1,825,857	6,497,520	51,817,216	60,140,593
2030	2,076,362	7,413,651	49,286,870	58,776,883
2031	2,297,152	8,268,044	46,745,092	57,310,288
2032	2,482,517	9,177,841	44,197,905	55,858,263
2033	2,634,970	9,989,667	41,660,398	54,285,035
2034	2,761,509	10,663,599	39,139,028	52,564,136
2035	2,861,284	11,255,768	36,637,282	50,754,334
2036	2,940,893	11,731,490	34,163,583	48,835,966
2037	3,019,060	12,159,692	31,730,643	46,909,395
2038	3,083,635	12,487,401	29,344,755	44,915,791
2039	3,134,695	12,725,932	27,012,425	42,873,052
2040	3,171,741	12,891,505	24,747,304	40,810,550
2041	3,201,758	12,973,045	22,559,217	38,734,020
2042	3,224,697	13,045,510	20,457,549	36,727,756
2043	3,221,432	12,978,847	18,450,619	34,650,898
2044	3,200,782	12,782,151	16,545,473	32,528,406
2045	3,165,197	12,525,857	14,748,273	30,439,327
2046	3,112,167	12,197,965	13,063,725	28,373,857
2047	3,045,013	11,822,869	11,495,313	26,363,195
2048	2,962,339	11,406,313	10,045,387	24,414,039
2049	2,861,519	10,946,826	8,714,986	22,523,331
2050	2,749,628	10,451,202	7,504,015	20,704,845
2051	2,630,150	9,930,090	6,411,115	18,971,355
2052	2,505,598	9,388,997	5,433,712	17,328,307
2053	2,376,272	8,831,834	4,567,942	15,776,048
2054	2,243,128	8,264,695	3,808,729	14,316,552

Plan Name: Stanley Black & Decker Pension Plan
EIN / PN: 52-1127357/013
Plan Sponsor: Black & Decker (U.S.) Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	2,106,972	7,691,389	3,149,882	12,948,243
2056	1,969,147	7,117,020	2,584,317	11,670,484
2057	1,830,602	6,546,503	2,104,227	10,481,332
2058	1,692,283	5,984,785	1,701,267	9,378,335
2059	1,555,264	5,436,736	1,366,854	8,358,854
2060	1,420,639	4,906,884	1,092,440	7,419,963
2061	1,289,467	4,399,239	869,730	6,558,436
2062	1,162,796	3,917,242	690,897	5,770,935
2063	1,041,517	3,463,663	548,711	5,053,891
2064	926,428	3,040,592	436,663	4,403,683
2065	818,150	2,649,378	349,015	3,816,543
2066	717,168	2,290,726	280,836	3,288,730
2067	623,804	1,964,801	227,960	2,816,565
2068	538,226	1,671,281	186,949	2,396,456
2069	460,495	1,409,393	155,032	2,024,920
2070	390,531	1,177,961	130,025	1,698,517
2071	328,149	975,484	110,239	1,413,872
2072	273,074	800,179	94,386	1,167,639
2073	224,945	650,039	81,510	956,494
2074	183,339	522,901	70,905	777,145

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	10,610,306	15.00000	10,610,306	965,329
Total				10,610,306	965,329

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, 2024

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		SEE ATTACHED	$	$