### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									Expiration Date: 08/31/2024						
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 1110395	EMPLOYER NAME STANLEY BLACK & DECKER INC.														
ADDRESS						CITY/TOWN						STATE ZIP CODE			
1000 STANLEY DRIVE						NEW BRITAIN						CT 06053			53
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CODE			DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 060548860															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
339999 - All Other Miscellaneous Manufacturing															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
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Hispanic or Latino							Not Hispanic or Latino  Male F						emale		
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IOD CATECODIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	o o	e e	يو	ck or Afric American	⊑	/aii	ndi Iati	e F	ē	Black or an Amer	<u>u</u>	vaii c Is	nerican Indian Alaska Native	ē	Total
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Executive/Senior Level Officials and Managers	9	4	175	11	25	0	1	0	70	3	5	0	0	0	303
First/Mid-Level Officials and Managers	144	76	1503	89	84	0	3	7	600	71	60	0	1	14	2652
Professionals	101	73	1397	77	213	4	5	22	578	69	92	1	3	6	2641
Technicians Sales Workers	73 61	16 13	389 461	42 14	12 8	1	0	3	50 74	11	6	0	0	2	609 641
Administrative Support Workers	101	71	440	62	19	2	3	3	404	85	12	0	0	4	1206
Craft Workers	236	37	1433	179	79	8	2	12	159	29	7	0	1	0	2182
Operatives	864	485	2613	817	335	10	9	39	1008	674	135	4	4	10	7007
Laborers and Helpers	272	220	563	185	32	1	3	10	256	117	11	1	4	9	1684
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	1861	995	8974	1476	807	27	27	104	3200	1061	330	6	13	45	18926
PRIOR 2021 REPORTING YEAR TOTAL	2229	1132	12701	2044	1029	37	49	195	4304	1657	495	15	17	88	25992
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12/1/2022 - 12/31/2022															

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

# OFS COMPANY ID OFS COMPANY ID 1110395 ADDRESS ADDRESS CITY/TOWN NEW BRITAIN CT 06053

### CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

### CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

# DATE OF CERTIFICATION 11/21/2023 3:29 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Russell Sweeting	Director, Labor & Employee Relations						
Email Address of Certifying Official	Telephone Number of Certifying Official						
russell.sweeting@sbdinc.com	860-515-9320						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Russell Sweeting	Director, Labor & Employee Relations						
· ·	Stanley Black & Decker, Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
russell.sweeting@sbdinc.com	860-515-9320						