U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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CONSOLIDATED REPORT																
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	OFS COMPANY ID EMPLOYER NAME															
1110395 STANLEY BLACK & DECKER INC.																
ADDRESS						CITY/TOWN						STATE		ZIP CODE		
1000 STANLEY DRIVE						NEW BRITAIN							06053			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE															
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE		ZIP CC	DDE	
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): UNAVAILABLE.																
☐ 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																
SECTION G - NAICS INFORMATION 339999 - All Other Miscellaneous Manufacturing																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
Race/Ethnicity																
Hispanic Not Hispanic or Latino																
or Latino					М	Male Female									1	
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						r je	<u> </u>	S				r der	<u> </u>	S		
				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	Bow.	
JOB CATEGORIES		م ا	_	ri a	_	iiia Isla	nerican Indian Alaska Native	20	_	eric	_	iiia Isla	nerican Indian Alaska Native	œ	Row Total	
	Male	Female	White	ck or Afric American	Asian	i ∧a	ĽΫ	ore	White	Black or an Amer	Asian	ic wa	ĽΫ́	ore.	I Otal	
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Executive/Senior Level Officials and Managers	0	1	23	2	0	0	1	0	10	2	0	0	0	0	39	
First/Mid-Level Officials and Managers Professionals	104 138	40 102	1132 1632	63 99	80 241	0	3 5	8 22	347 803	34 102	33 122	0	3	6 17	1850 3290	
Technicians	22	4	272	17	6	0	0	6	24	3	2	0	0	0	356	
Sales Workers	74	22	701	27	14	1	0	6	152	11	4	0	0	5	1017	
Administrative Support Workers	65	68	260	33	6	0	4	2	396	71	10	1	1	2	919	
Craft Workers	810	322	2754	545	346	15	9	32	546	236	79	2	2	8	5706	
Operatives Laborers and Helpers	481 149	330 105	1627 430	549 121	80 31	2	3	28 9	656 238	504 90	62 18	0	6 1	9	4344 1201	
Service Workers	19	2	108	18	5	0	0	1	12	5	0	0	0	0	170	
CURRENT 2023 REPORTING YEAR TOTAL	1862	996	8939	1474	809	26	29	114	3184	1058	330	7	13	51	18892	
COMMENT 2023 NEI ONTING TEAN TOTAL	1002	990	0000	17/4	000	20	23	114	0104	1000	000	· ·	10	VI.	10032	
PRIOR 2022 REPORTING YEAR TOTAL	1861	995	8974	1476	807	27	27	104	3200	1061	330	6	13	45	18926	
. MON ZUZZ NEI ONTING TEAN TOTAL	1	1				1									1	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

SECTION R - OTT CHAE CERTIFICATION OFS COMPANY ID 1110395 STANLEY BLACK & DECKER INC. ADDRESS CITY/TOWN STATE ZIP CODE 1000 STANLEY DRIVE 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 6/4/2024 9:12 PM [EST]

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EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Russell J. 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 J. 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						