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																
		SECT	TION B	- EMI	LOYE	R IDEN										
OFS COMPANY ID		EMPLOYER NAME														
0382600	0382600 THE BOEING COMPANY															
ADDRESS							CITY/TOWN STATE ZIP CODE							DDE		
929 Long Bridge Drive						ARLINGTON						VA		22202		
										222	<u> </u>					
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	UARTE	KS OK E	STABLE	SHMEN	I-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN							STATE ZIP CODE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 910425694																
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): NU2UC8MX6NK1																
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)																
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
— · · · · · · · · · · · · · · · · · · ·																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION 336411 - Aircraft Manufacturing																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
Race/Ethnicity																
	Hisr	anic						Hispar		atino					1	
		or Latino		Male							Female					
				_		der o	ō	es		_		Native Hawaiian or Other Pacific Islander	5	es		
			Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American	ł	an	American Indian or Alaska Native	Two or More Races	Row		
JOB CATEGORIES		<u>9</u>	o o	ck or Afric American	_	aii s	ati	e E	ω	o je	_	aii s	ati	e E	Total	
	Male	Female	White	r A	Asian	iia	_ = Z	<u>o</u>	White	Black or an Amer	Asian	a ific	- Z	<u>o</u>		
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Executive/Senior Level Officials and Managers	9	3	151	16	11	0	2	4	72	4	10	0	1	1	284	
First/Mid-Level Officials and Managers	675	238	7201	583	794	44	83	211	2221	269	372	16	20	59	12786	
Professionals	4034	1803	33363	2554	6955	186	277	1215	11828	1562	3077	102	138	515	67609	
Technicians	668	163	4918	469	1037	79	75	229	976	145	400	16	18	57	9250	
Sales Workers Administrative Support Workers	0 223	0 261	4 359	0 144	0 57	3	3	9	660	0 184	93	0 5	0 11	0 30	5 2042	
Craft Workers	1605	174	9978	1529	1831	156	140	411	672	365	268	16	21	39	17205	
Operatives	1084	260	9318	1095	3765	254	157	517	1710	293	1862	61	51	117	20544	
Laborers and Helpers	30	11	199	77	25	1	2	8	59	31	33	1	0	2	479	
Service Workers	39	27	269	40	69	4	3	13	105	19	76	1	2	14	681	
CURRENT 2022 REPORTING YEAR TOTAL	8367	2940	65760	6507	14544	727	742	2617	18304	2872	6191	218	262	834	130885	
PRIOR 2021 REPORTING YEAR TOTAL	7123	2457	63825	5583	12569	627	697	2148	17288	2440	5281	179	233	680	121130	
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12/9/2022 - 12/22/2022

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID O382600 ADDRESS O382600 ADDRESS O382600 ARLINGTON OFS COMPANY ID O382600 ARLINGTON OARLINGTON OARLINGT

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 11/3/2023 12:57 AM [EST]

EMPLOYER'S C	ERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official						
Christine Snyder	Global Equity, Diversity & Inclusion						
Email Address of Certifying Official	Telephone Number of Certifying Official						
christine.r.snyder@boeing.com	480-891-0842						
PRIMARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Christine Snyder	Global Equity, Diversity & Inclusion						
,	The Boeing Company						
Email Address of Primary POC	Telephone Number of Primary POC						
christine.r.snyder@boeing.com	480-891-0842						