U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 11/30/2026						
SECTION A - TYPE OF REPORT																
CONSOLIDATED REPORT																
SECTION B - EMPLOYER IDENTIFICATION																
OFS COMPANY ID 0178604		EMPLOYER NAME WHIRLPOOL GLOBAL HEADQUARTERS														
ADDRESS						CITY/TOWN						STATE		ZIP CO		
2000 M63 NORTH						BENTON HARBOR						MI		4902	22	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
	THE THE PROPERTY OF THE PROPER															
HEADQUARTERS OR ESTABLISH	ENT-LEVEL ADDRESS				CITY/TOWN						STATE		ZIP CO	DE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 381490038																
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																
SECTION G - NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
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				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 Islande	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aiig Isl	nerican Indian Alaska Native	e R	O)	or	u	aiis Isl	nerican Indian Alaska Native	e R	Total	
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Executive/Senior Level Officials and Managers	14	0	50	8	4	0	0	0	24	3	2	0	0	0	105	
First/Mid-Level Officials and Managers	122	57	741	28	110	0	6	7	363	25	31	0	2	5	1497	
Professionals Tachnicians	83	45	897	63	93	0	10	21	671	50 7	67	1	2	15	2018	
Technicians Sales Workers	19 4	4	208 69	27 9	3	0	11 0	3	38 57	3	5	1	0	1	343 159	
Administrative Support Workers	17	37	198	62	3	0	1	12	711	326	21	3	7	20	1418	
Craft Workers Operatives	34 143	4 112	1143 1120	45 137	15 15	1	8 9	8 16	334 543	8 128	5 9	2	6	7 11	1613 2252	
Laborers and Helpers	360	364	4034	837	345	77	40	97	2368	558	125	43	40	63	9351	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA	796	627	8460	1216	599	82	85	173	5109	1108	267	50	61	123	18756	
PRIOR 2022 REPORTING YEAR TOTA	764	560	8835	1158	684	77	78	180	5349	1007	265	39	53	127	19176	
I MON 2022 NEFORTING TEAR TOTA	SECTION I – WORKFORCE SNAPSHOT PERIOD															
	,					- ~- 14 44 1			_							

12/17/2023 - 12/31/2023

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID OFS COMPANY ID OTRACO ADDRESS ADDRESS CITY/TOWN BENTON HARBOR MI 49022

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 5/31/2024 3:04 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Annie Galvin	HR Paralegal						
Email Address of Certifying Official	Telephone Number of Certifying Official						
annie_l_galvin@whirlpool.com	269-252-9397						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Annie Galvin	HR Paralegal						
	Whirlpool Corporation						
Email Address of Primary POC	Telephone Number of Primary POC						
annie_I_galvin@whirlpool.com	269-252-9397						