## 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			
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			С	ONSOL	IDATE	D REP	ORT									
		SECT	TON B	– EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME WEYERHAEUSER															
0337744																
ADDRESS						CITY/TOWN						STATE	ZIP CODE			
220 OCCIDENTAL AVENUE SOUTH						SEATTLE						WA		9810	)4	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HO/ESTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHM	R ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CODE			DE	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 910470860																
		SECTIO	ON E -			860 FILING	ELIGI	BILITY	7							
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
SE	CTION							ΓΙΟΝ (i	f applic	able)						
	Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establishn	nent Emp	loyer is	Federa	l Contra	ctor) 🔲	YES (N	Multi-Es	tablishn	ent Em	ployer is	Federal	Contra	ctor)			
YES (	Headaua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lauarter	s Establi	ishment i	is Feder	al Contr	actor)			
	1							_					,			
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
423310 - Lumber, Plywood, Millwork, and Wood Panel Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	/							
Hispanic Not Hispanic or Latino																
	or La	or Latino			IVI	ale				Female						
						- e	_	S				ë	_	S		
				an		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	D	
JOB CATEGORIES		ø	4	Black or African American	_	aiia Isla	nerican Indian Alaska Native	2,0		eric	_	aiia Isk	nerican Indian Alaska Native	Ŗ	Row Total	
	Male	Female	White	ck or Afric American	Asian	aw Hic	n s	Ore	White	Black or an Amer	Asian	awa ific	r ×	ore	Total	
	Σ	Fer	⋝	k o	As	aci E	car ska	Σ	₹	3lac an /	As	Ha aci	car ska	Z		
				lac A		tive er P	neri Ala	0		H iš		tive er P	neri Ala	0 0		
				В		Native Hawaiian or Other Pacific Islander	An ,	≥		¥		Native Hawaiian or Other Pacific Islandeı	An,	≱		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1 23	0 11	32 662	0 49	10	0	7	0 13	16 157	6	6	1	0	3	50 950	
Professionals	28	20	799	36	46	0	9	18	352	20	26	0	2	14	1370	
Technicians	4	0	87	11	1	0	0	0	19	3	1	0	0	1	127	
Sales Workers	4	2	124	3	0	0	0	2	42	2	0	1	0	0	180	
Administrative Support Workers Craft Workers	6 44	16 1	38 1463	4 248	4	2	1 37	34	177 47	28 33	5 0	0	3 4	0	288 1917	
Operatives	160	9	1303	458	18	11	51	39	101	78	1	2	7	2	2240	
Laborers and Helpers	33	5	386	181	8	1	19	9	57	103	1	0	2	1	806	
Service Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3	
CURRENT 2022 REPORTING YEAR TOTAL	303	64	4895	990	89	15	124	117	970	273	40	8	19	24	7931	
PRIOR 2021 REPORTING YEAR TOTAL	293	59	4897	962	89	18	122	108	981	236	39	10	18	28	7860	

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

Not Applicable

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#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

# OFS COMPANY ID OFS COMPANY ID O337744 ADDRESS ADDRESS CITY/TOWN STATE ZIP CODE SEATTLE WA 98104

## 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 12/5/2023 6:28 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Ron Crear

DE&I Director

Email Address of Certifying Official

Telephone Number of Certifying Official

Name of Employer's Certifying Official

ron.crear@weyerhaeuser.com

ron.crear@weyerhaeuser.com 206-539-3932

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC
Ron Crear
DE&I Director
Weyerhaeuser
Email Address of Primary POC
Title and Employer of Primary POC
DE&I Director
Weyerhaeuser
Telephone Number of Primary POC

Title of Certifying Official

206-539-3932