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

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

2022 EMI LOTER INFORMATION REFORT (EEO-1 COMI ONENT 1)										Expiration Date: 08/31/2024					
SECTION A – TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID	EMPLOYER NAME														
0526792	WALGREENS BOOTS ALLIANCE														
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE
108 WILMOT RD.							DEERFIELD					IL 60015			15
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE ZIP C			DE
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
471758322															
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 551112 - Offices of Other Holding Companies															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	Hisp	anic					Not	Hispar	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
						_									
				⊆		Native Hawaiian or Other Pacific Islander	þ	Two or More Races		J.		Native Hawaiian or Other Pacific Islander	P	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Ra	Row
002 0/11 20011120	<u>e</u>	Female	ite	ck or Afric American	an	wai ic Is	Ind	re	ite	Black or an Amer	an	wai ic Is	Ind Na	re	Total
	Male	em	White	or	Asian	Hay	ka	ĕ	White	lacl n A	Asian	Hav	an ka	Me	
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Executive/Senior Level Officials and Managers	1	0	11	1	6	0	0	0	4	5	3	0	0	0	31
First/Mid-Level Officials and Managers	1002	958	6801	1031	1312	24	42	185	6740	1350	1568	33	46	155	21247
Professionals Technicians	494 2858	754 10721	4295 6168	900 1655	1660 1916	18 52	22 81	131 491	6248 25898	1583 11384	3171 5502	20 202	29 423	175 1721	19500
Sales Workers	5794	11626	11216	5635	2070	91	191	889	25343	12125	3691	280	470	1773	81194
Administrative Support Workers	3076	6109	6869	2510	977	60	85	510	15079	6320	1373	159	248	894	44269
Craft Workers	47 886	0 844	272 1996	34	9 105	0 21	0 10	7 67	1/11	750	0 143	0	10	1 64	373 7353
Operatives Laborers and Helpers	0	0	1996	1031 0	0	0	0	0	1411 0	750 0	0	15 0	0	0	0
Service Workers	14	6	54	22	5	1	0	1	22	18	1	0	1	0	145
CURRENT 2022 REPORTING YEAR TOTAL	14172	31018	37682	12819	8060	267	431	2281	80748	33535	15452	709	1227	4783	243184
PRIOR 2021 REPORTING YEAR TOTAL	13597	30326	38272	12384	7959	270	445	2206	83535	33448	15532	688	1205	4761	244628
		SECTIO)N I –	WORK	FORCI	SNAP	SHOT	PERIO	D						
GEODIONI I	TETEL	DOLLY		12/15/2				TEL CO	MANAGE	TTC /-	tions 1)				
SECTION J	- HEA	υŲUAI	CIERS	OK ES	IABLI	SHME	NI-LEV	EL CC	JWIWIEN	112 (ob	uonal)				

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME

ADDRESS CITY/TOWN STATE ZIP CODE 108 WILMOT RD. **DEERFIELD** 60015 IL

WALGREENS BOOTS ALLIANCE

Revised 08/2023

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

0526792

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 11/27/2023 12:47 PM [EST]

EMBLONEDIC GEDELEVING OFFICIAL

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Sheryl Von Westernhagen	Manager Affirmative Action & EEO						
Email Address of Certifying Official	Telephone Number of Certifying Official						
sheryl.vonwesternhagen@walgreens.com	847-315-0839						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Sheryl Von Westernhagen	Manager Affirmative Action & EEO						
, G	WALGREENS BOOTS ALLIANCE						
Email Address of Primary POC	Telephone Number of Primary POC						
sheryl.vonwesternhagen@walgreens.com	847-315-0839						