U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 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

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME		
0337744	WEYERHAEUSER		
ADDRESS	**CITY/TOWN**	**STATE**	**ZIP CODE**
220 OCCIDENTAL AVENUE SOUTH	SEATTLE	WA	98104

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 CODE**

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
910470860

SECTION E – EMPLOYER FILING ELIGIBILITY
☒ **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
423310 - Lumber, Plywood, Millwork, and Wood Panel Merchant Wholesalers

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	2	0	31	1	0	0	0	1	17	0	0	0	0	0	52
First/Mid-Level Officials and Managers	23	12	669	48	13	3	10	15	151	11	7	0	2	4	968
Professionals	32	17	829	41	47	1	10	15	384	30	36	2	5	10	1459
Technicians	3	2	91	15	3	0	0	3	16	4	1	0	0	1	139
Sales Workers	9	5	140	4	1	0	0	1	47	3	0	0	0	1	211
Administrative Support Workers	4	14	36	8	3	0	1	3	185	21	5	5	3	2	290
Craft Workers	56	0	1470	239	4	4	41	32	49	36	0	0	3	5	1939
Operatives	175	12	1277	446	18	10	46	50	105	80	0	3	9	1	2232
Laborers and Helpers	42	4	366	185	9	0	18	13	39	84	0	0	2	2	764
Service Workers	0	0	2	0	0	0	0	0	2	1	0	0	0	0	5
CURRENT 2024 REPORTING YEAR TOTAL	346	66	4911	987	98	18	126	133	995	270	49	10	24	26	8059
PRIOR 2023 REPORTING YEAR TOTAL	317	68	4929	1020	97	17	130	123	1003	284	42	12	22	26	8090

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/14/2024 - 10/27/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

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ADDRESS	CITY/TOWN	STATE	ZIP CODE
220 OCCIDENTAL AVENUE SOUTH	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

6/19/2025 1:02 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
Ron Crear	Weyerhaeuser
Email Address of Certifying Official	**Telephone Number of Certifying Official**
ron.crear@weyerhaeuser.com	404-481-0657

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

Name of Primary POC	Title and Employer of Primary POC
Ron Crear	Weyerhaeuser Weyerhaeuser
Email Address of Primary POC	**Telephone Number of Primary POC**
ron.crear@weyerhaeuser.com	404-481-0657