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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											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														
D231913 EASTMAN CHEMICAL COMPANY															
ADDRESS						CITY/TOWN						STATE ZIP CODE			
200 SOUTH WILCOX DRIVE KINGSPORT TN 37660											60				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHM		CITY/TOWN						STATE ZIP CODE			DE				
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
621539359															
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): UNAVAILABLE															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
325199 - All Other Basic Organic Chemical Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
	Uion	ania	l						,	otino					
	Hispanic Not Hispanic or Latino or Latino Male Female														
				_		Native Hawaiian or Other Pacific Islander	ō	es		<u>u</u>		Native Hawaiian or Other Pacific Islander	ō	ses	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	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>o</u>	Female	ţ	ck or Afric American	an	kai C Is	Ind Nat	<u>ə</u>	te	Black or an Amer	an	vai c Is	Ind	re	Total
	Male	Ē	White	or	Asian	Ha	an ka I	₽	White	ac ι Αι	Asian	Hay	an ka I	Mo	
		ш	_	An	1	Pa Ve	rica	ō	_	BI	1	Ve I	rical	or	
				Bla		ati	me	8		Afri		ati	me Al	wo	
						2 8	4	-		,		2 8	٩	_	
Executive/Senior Level Officials and Managers	2	0	30	0	4	0	0	0	8	1	0	0	0	0	45
First/Mid-Level Officials and Managers	21	4	798	40	32	1	2	1	285	18	19	0	0	1	1222
Professionals Technicians	61 15	34 6	1705 274	59 15	113 4	0	0	23 3	852 131	45 10	56 1	0	0	11 0	2968 460
Sales Workers	3	4	64	1	2	0	0	0	35	0	0	0	0	0	109
Administrative Support Workers	0	8	34	5	0	0	0	0	251	34	0	0	1	2	335
Craft Workers Operatives	96 45	7	2842 1490	207 141	5 3	0	6	14 21	323 232	43 43	1 2	0	3	0	3543 1993
Laborers and Helpers	0	0	1490	0	0	0	0	0	1	0	0	0	0	0	15
Service Workers	4	0	84	2	0	0	0	1	14	3	0	0	0	0	108
CURRENT 2023 REPORTING YEAR TOTAL	247	69	7335	470	163	6	14	63	2132	197	79	3	5	15	10798
PRIOR 2022 REPORTING YEAR TOTAL		70	7430	500	170	6	13	62	2235	187	89	2	2	14	11011
		SECTIO	ON I –	WORK		E SNAP 0/22/20		PERIO	D						
SECTION	J – HEAI	DOUAI	RTERS					EL CO	MMEN	NTS (on	tional)				
Net Applicable		~					'			(op	,				

Not Applicable

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 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 K - OFFICIAL CERTIFICATION OF SUBMISSION

#### EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME D231913 **EASTMAN CHEMICAL COMPANY** ADDRESS CITY/TOWN STATE ZIP CODE 200 SOUTH WILCOX DRIVE **KINGSPORT** 37660 $\mathsf{TN}$

# 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 5/9/2024 10:32 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
CYNTHIA AVERELL	Director, HR Compliance & Labor Relations						
Email Address of Certifying Official	Telephone Number of Certifying Official						
Hrcompliance@eastman.com	423-224-0314						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Tina Wilmer	HR Policy & Compliance Analyst						
	Eastman Chemical Company						
Email Address of Primary POC	Telephone Number of Primary POC						
hrcompliance@eastman.com	423-229-4263						