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							
				TON A											
		SECT	FION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID					THE			OYER N			NIN				
0882732					THE	PHUC				COMPA					
ADDRESS								ITY/TOV				STATE		ZIP CO	
										452	02				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT-LEVEL UNIT ID HEADOUARTERS OR ESTABLISHMENT-LEVEL NAME															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE															
	SECTI	ON D -	- EMPI	LOYER	IDEN	TIFICA	TION N	UMBE	ER (EIN	D					
X YES (Employer Is Eligible				EMPL over Is N						NO LO	NGER	IN BUS	INESS		
				L CONT	Service Service	town 147 centrole	and the state	l Distance and the second	14420 11442	XNON OTHER					
				tity ID (
VES (Single-Establishm	nent Emp	oloyer is	Federa	1 Contra	ctor) X	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
X YES (I	Headqua	rters is	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	ractor)		
		XX	ES (Or	ne or Mo	ore Nor	-Headou	uarters F	Establish	ments i	s Federa	1 Contra	actor)			
	55111	S	ECTIC	DNG-1 Subsid	NAICS	INFOR	MATIC	DN	Statement and						
20	23 SE	CTION	NH-V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		Danic					Not	Hispar	nic or L	atino	Far				
	orL	atino			IV	Male Female							1		
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	10	7	37	7	12	0	0	3	34	10	10	0	0	1	131
First/Mid-Level Officials and Managers	537	404	3093	410	513	2	14	74	2434	439	470	2	9	87	8488
Professionals Technicians	92 318	123 172	957 1071	75 280	162 39	1 4	2	17 46	956 618	98 152	174 53	0	0	23 47	2680 2810
Sales Workers	82	107	587	87	38	1	4	20	536	82	56	0	4	22	1626
Administrative Support Workers	41	49	539	84	21	1	1	7	1221	137	44	0	7	27	2179
Craft Workers Operatives	556 61	151 29	5761 646	1062 116	127 25	11	63 3	175	1476 179	433 46	34 10	1	18 3	71	9939 1127
Laborers and Helpers	2	4	28	0	1	0	1	1	14	0	0	0	1	0	52
Service Workers CURRENT 2023 REPORTING YEAR TOTAL	0 1699	0 1046	0 12719	0 2121	0 938	0 22	0 90	0 347	0 7468	0 1397	0 851	0 4	0 49	0 281	0 29032
PRIOR 2022 REPORTING YEAR TOTAL	1643	914	12809	1947	910	27	88	310	7420	1281	814	6	47	247	28463
		SECTION		WORK 12/15/2				PERIO	D						
SECTION J	– HEA	DQUAI						VEL CO	DMME	NTS (op	tional)				

U.S. EQUAL 2023 EMPLO	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026		
	SECTION K – OFFICIAL CE	RTIFICATION OF SUBMISSIC	DN	
	EMPLOYER	DENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME THE PROCTER AND GAMBLE CO	MPANY	
	DRESS	CITY/TOWN	STATE	ZIP CODE
TWO PROCTER	& GAMBLE PLAZA	CINCINNATI	ОН	45202
	CERTIFICATION	COMMENTS (optional)		
No Cortification Commonte Brovie		••••••••••••••••••••••••••••••••••••••		
No Certification Comments Provid	ded			
	CEDTIEICAT	ION STATEMENT		
"I certify that the information, in	cluding any workforce demographic		ect and true to the h	pest of my knowledge
	pared in conformity with the direction			
	illfully false statements on this repo			
	DATE OF C	ERTIFICATION		
	5/30/2024 4	:00 PM [EST]		
Name of Employ	ver's Certifying Official	RTIFYING OFFICIAL Title of	Certifying Official	
			certarying official	
Emoil Address	of Certifying Official	Talankana Nu	mber of Certifying Offici	al
Email Address	of Certifying Official	Telephone Nu	linder of Certifying Offici	a
	RIMARY POINT OF CONTACT (POC f Primary POC		PORTING nployer of Primary POC	
iname of			aproyer of Fillingly POC	
Email Addre	ess of Primary POC	Telephone	Number of Primary POC	
		—		

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 Expiration Date: 11/30/2026						
						E OF RI D REP									
		SECT	FION E	- EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID								OYER N	States and States						
					PRO	CTER	AND G.	AMBLE	COMF	PANY, T	THE		-15		
ADDRESS								ITY/TOV				STATE		ZIP CC	DDE
TWO PROCTER & GAMBLE PLAZA CINCINNATI									200	OH		4520	02		
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE.				I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE															
	SECTI	ON D -	- EMPI	LOYER	IDEN	TIFICA	TION N	NUMBE	CR (EIN)					
X YES (Employer Is Eligible						FILING				NO LO	NGER	IN BUS	INESS		
		_				OR DE		l Santa anna an	14201 Martin	NEW 281 251					
						UNAVA									
YES (Single-Establishm	ent Emp	oloyer is	Federa	1 Contra	ctor) X	YES (Multi-Es	stablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
X YES (F	Ieadqua	rters is	Federal	Contrac	tor) 🔲	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		XX	ES (Or	ne or Mo	ore Non	-Headqu	uarters H	Establish	iments i	s Federa	l Contra	actor)			
	55111	S	ECTIC	DNG-1	NAICS	INFOR nd Regi	MATIC	DN	Setonary Los			6			
20	22 SE	CTIO	NH-V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E		-						
		anic atino			M	lale	Not	Hispar	nic or L	atino	Fer	nale			-
JOB CATEGORIES	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	Row Total
				Blac		Native Other F	Amer Ala	Twoo		diet.		Native Other F	Amer Ala	Twoo	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	11 492	6 356	54 3144	7 377	14 478	0	0	3 66	54 2319	7 374	9 431	0	0 7	1 78	166 8138
Professionals	105	120	1079	87	191	1	1	19	1062	117	197	0	0	26	3005
Technicians Sales Workers	311 88	125 92	1263 600	264 78	34 38	6	3	42 16	680	131 73	44 57	2	5 5	35 18	2945
Administrative Support Workers	41	53	574	78	9	1	3	10	526 1248	129	39	0	7	21	1596 2215
Craft Workers	427	86	5185	858	105	11	61	120	1245	366	21	2	19	51	8557
Operatives Laborers and Helpers	164 2	68 6	867 31	192 1	40	4	5	25 4	265 16	83 0	15 0	0	3	16 0	1747 63
Service Workers	2	2	12	4	0	0	0	3	5	1	1	0	0	1	31
CURRENT 2022 REPORTING YEAR TOTAL	1643	914	12809	1947	910	27	88	310	7420	1281	814	6	47	247	28463
PRIOR 2021 REPORTING YEAR TOTAL	1548	845	12455	1807	872 EORCI	27 E SNAP	89 SHOT	169 PERIO	7070	1126	713	3	50	142	26916
		SECTI	UNI-			2/31/20		FERIO	U						
SECTION J Not Applicable	- HEA	DQUA	RTERS	OR ES	TABLI	ISHME	NT-LEV	VEL CO	DMME	NTS (op	tional)				

U.S. EQU 2022 EMI	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026		
	SECTION K – OFFICIAL C	ERTIFICATION OF SUBMISSIO	N	
	EMPLOYER	IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME PROCTER AND GAMBLE COMPAN	Y. THE	
	ADDRESS	CITY/TOWN	STATE	ZIP CODE
			OH	45202
TWO PROC	TER & GAMBLE PLAZA	CINCINNATI	ОП	45202
	CERTIFICATION	N COMMENTS (optional)		
No Certification Comments P	rovided			
		FION STATEMENT		
	1, including any workforce demographic			
	prepared in conformity with the directio			
Knowingly and	d willfully false statements on this repo		e, 11tte 18, Section	1001.
	DATE OF 0	CERTIFICATION		
	11/30/2023	3:56 PM [EST]		
	EMPLOYER'S C	ERTIFYING OFFICIAL		
Name of En	nployer's Certifying Official		Certifying Official	
	1, , , , , , , , , , , , , , , , , , ,		, 0	
Email Ado	dress of Certifying Official	Telephone Nun	ber of Certifying Officia	ıl
	PRIMARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPO	ORTING	
Nai	me of Primary POC		ployer of Primary POC	
Email (Address of Drimory DOC	Talanhana N	umbar of Drimory POC	
Email F	Address of Primary POC	Telephone N	umber of Primary POC	