

**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 5438521	EMPLOYER NAME CATERPILLAR			
ADDRESS 5205 North O'Connor Boulevard Suite 1100, ESTABID 00216	CITY/TOWN IRVING	STATE TX	ZIP CODE 75039	

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)
370602744

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): D77VA4G9VJG8

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

551114 - Corporate, Subsidiary, and Regional Managing Offices

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	9	2	124	5	9	0	0	0	44	4	4	0	0	0	201
First/Mid-Level Officials and Managers	365	123	4591	242	390	4	15	32	1349	120	121	5	5	14	7376
Professionals	911	358	8841	414	1735	22	38	98	2679	263	653	3	10	43	16068
Technicians	373	123	1475	215	106	6	14	28	775	149	65	1	5	20	3355
Sales Workers	3	1	26	0	0	0	0	0	12	0	0	0	0	0	42
Administrative Support Workers	104	132	333	88	18	2	1	4	434	91	21	0	6	10	1244
Craft Workers	691	67	2078	457	195	17	39	29	334	187	21	4	5	6	4130
Operatives	1911	777	8915	2803	293	26	133	200	2325	1319	68	6	29	76	18881
Laborers and Helpers	15	3	22	7	4	0	2	2	11	0	2	0	0	0	68
Service Workers	0	0	12	0	0	0	0	0	7	1	0	0	0	0	20
CURRENT 2024 REPORTING YEAR TOTAL	4382	1586	26417	4231	2750	77	242	393	7970	2134	955	19	60	169	51385
PRIOR 2023 REPORTING YEAR TOTAL	4286	1609	26725	4363	2625	76	244	379	8001	2384	914	22	63	155	51846

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/16/2024 - 12/31/2024

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

Not Applicable

**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 K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
5438521

EMPLOYER NAME
CATERPILLAR

ADDRESS

5205 North O'Connor Boulevard Suite 1100, ESTABID 00216

CITY/TOWN

IRVING

STATE

TX

ZIP CODE

75039

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

6/18/2025 5:28 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Marisa Casey

Title of Certifying Official

Human Resources Rep

Email Address of Certifying Official

casey_marisa_n@cat.com

Telephone Number of Certifying Official

309-675-0022

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

Name of Primary POC

Marisa Casey

Title and Employer of Primary POC

Human Resources Rep
Caterpillar

Email Address of Primary POC

casey_marisa_n@cat.com

Telephone Number of Primary POC

309-675-0022