

<b>U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)</b> <b>2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)</b>										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
<b>SECTION A – TYPE OF REPORT</b> CONSOLIDATED REPORT															
<b>SECTION B – EMPLOYER IDENTIFICATION</b>															
OFS COMPANY ID 1281327			EMPLOYER NAME W W GRAINGER INC CORP												
ADDRESS 100 GRAINGER PKWY						CITY/TOWN LAKE FOREST				STATE IL		ZIP CODE 60045			
<b>SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION</b> (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN				STATE		ZIP CODE			
<b>SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 361150280															
<b>SECTION E – EMPLOYER FILING ELIGIBILITY</b> <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
<b>SECTION F – FEDERAL CONTRACTOR DESIGNATION</b> (if applicable) Unique Entity ID (UEI): DBQGN324ULK3 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
<b>SECTION G – NAICS INFORMATION</b> 423610 - Electrical Apparatus and Equipment, Wiring Supplies, and Related Equipment Merchant Wholesalers															
<b>SECTION H – WORKFORCE DEMOGRAPHIC DATA</b>															
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	0	0	10	0	1	0	0	0	3	1	0	0	0	0	15
First/Mid-Level Officials and Managers	106	53	1184	75	148	0	4	21	618	49	79	0	5	12	2354
Professionals	214	140	1350	135	234	0	6	32	929	102	158	0	3	33	3336
Technicians	14	1	139	17	2	0	0	3	18	1	1	0	0	0	196
Sales Workers	587	262	2225	343	82	0	24	94	966	148	35	0	16	70	4852
Administrative Support Workers	109	267	492	92	13	0	5	32	1360	257	25	0	14	95	2761
Craft Workers	25	0	105	10	1	0	0	4	2	0	0	0	0	0	147
Operatives	779	477	1389	756	99	0	19	123	551	400	45	0	13	69	4720
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	1834	1200	6896	1428	580	0	58	309	4447	958	343	0	51	279	18383
<b>PRIOR 2021 REPORTING YEAR TOTAL</b>	1694	994	6458	1297	540	0	51	228	4217	805	276	0	52	185	16797
<b>SECTION I – WORKFORCE SNAPSHOT PERIOD</b> 12/30/2022 - 12/31/2022															
<b>SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS</b> (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 1281327		EMPLOYER NAME W W GRAINGER INC CORP		
ADDRESS 100 GRAINGER PKWY		CITY/TOWN LAKE FOREST	STATE IL	ZIP CODE 60045
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION				
11/30/2023 12:02 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official EBONY BRUMFIELD		Title of Certifying Official COMPLIANCE MANAGER		
Email Address of Certifying Official EBONY.BRUMFIELD@GRAINGER.COM		Telephone Number of Certifying Official 224-507-9218		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC EBONY BRUMFIELD		Title and Employer of Primary POC COMPLIANCE MANAGER W.W. GRAINGER, INC		
Email Address of Primary POC EBONY.BRUMFIELD@GRAINGER.COM		Telephone Number of Primary POC 224-507-9218		