U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													OMB Control Number: 3046-0049 Expiration Date: 08/31/2024			
	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	TION E	– EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME AAR CORP															
7589881							AA	R COR	P							
ADDRESS							CITY/TOWN						STATE ZIP CODE			
1100 NORTH WOOD DALE ROAD							WOOD DALE							60191		
SECTION C – HEADQUARTERS OR ESTABLI							SHMENT-LEVEL IDENTIFICATION (if applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID																
HEADQUARTERS OR ESTABLISHME	BLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE		ZIP CODE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 362334820																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X 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): EULWGLS7QNF6																
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)																
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
X 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															
	Race/Ethnicity															
		Hispanic or Latino			Not Hispanic of Male						Latino Female					
	or Latino				IV.	Iviale				1	rei	inale				
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	6	0	73	1	5	0	0	0	15	0	0	0	0	0	100	
First/Mid-Level Officials and Managers Professionals	87 58	22 24	223 143	17 15	23 25	0	1	3	86 68	7 8	10 11	0	2	1	484 359	
Technicians	8	0	22	5	4	0	0	1	5	0	0	0	0	0	45	
Sales Workers	2	1	17	0	1	0	0	1	7	1	2	0	0	1	33	
Administrative Support Workers	50	45	71	20	6	1	0	3	101	16	5	0	0	3	321	
Craft Workers	720	31	505	97	53	4	9	19	37	7	2	0	0	1	1485	
Operatives Laborers and Helpers	156 84	14 23	56 133	11 42	3	2	3	3	15 55	6	3	1	2	3	264 363	
Service Workers	3	7	2	5	0	0	0	0	2	2	0	0	0	0	21	
CURRENT 2022 REPORTING YEAR TOTAL	1174	167	1245	213	124	8	16	37	391	50	33	2	5	10	3475	
PRIOR 2021 REPORTING YEAR TOTAL	1126	144	1451	238	124	11	15	40	396	51	31	2	4	14	3647	

SECTION I – WORKFORCE SNAPSHOT PERIOD 11/26/2022 - 12/9/2022

Not Applicable

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

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7589881 **AAR CORP** ADDRESS CITY/TOWN STATE ZIP CODE WOOD DALE 1100 NORTH WOOD DALE ROAD IL 60191 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 12/1/2023 9:58 AM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Natalie Boettcher **HR** Analyst Email Address of Certifying Official Telephone Number of Certifying Official Natalie.Boettcher@aarcorp.com 630-227-2905 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC **HR** Analyst Natalie Boettcher AAR CORP.

Telephone Number of Primary POC 630-227-2905

Email Address of Primary POC

Natalie.Boettcher@aarcorp.com