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	EMPLOYER NAME		
7589881	AAR CORP		
ADDRESS	**CITY/TOWN**	**STATE**	**ZIP CODE**
1100 NORTH WOOD DALE ROAD	WOOD DALE	IL	60191

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)
362334820

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): EULWGLS7QNF6

☐ **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	8	2	80	1	3	0	0	0	18	1	0	0	0	0	113
First/Mid-Level Officials and Managers	119	23	271	22	19	1	3	6	99	11	12	1	1	5	593
Professionals	113	46	174	24	31	1	1	7	74	15	15	0	0	4	505
Technicians	29	6	115	10	6	1	3	6	3	1	0	1	0	0	181
Sales Workers	2	2	17	0	2	0	0	0	9	1	1	0	0	0	34
Administrative Support Workers	52	61	98	23	6	1	0	4	129	23	5	0	2	3	407
Craft Workers	769	38	576	104	47	5	16	26	53	12	3	0	1	1	1651
Operatives	162	11	139	27	15	0	2	8	31	5	2	0	1	2	405
Laborers and Helpers	64	25	117	40	4	3	6	4	55	9	3	0	1	3	334
Service Workers	5	8	4	3	0	0	0	0	1	3	0	0	0	0	24
CURRENT 2024 REPORTING YEAR TOTAL	1323	222	1591	254	133	12	31	61	472	81	41	2	6	18	4247
PRIOR 2023 REPORTING YEAR TOTAL	1326	214	1261	237	119	8	22	40	405	70	33	3	7	14	3759

SECTION I – WORKFORCE SNAPSHOT PERIOD
11/9/2024 - 11/22/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

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7589881	AAR CORP

ADDRESS	CITY/TOWN	STATE	ZIP CODE
1100 NORTH WOOD DALE ROAD	WOOD DALE	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

6/20/2025 12:15 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
Natalie Boettcher	Sr. Manager, HRIS & Analytics
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

Name of Primary POC	Title and Employer of Primary POC
Natalie Boettcher	Sr. Manager, HRIS & Analytics AAR CORP.
Email Address of Primary POC	**Telephone Number of Primary POC**
natalie.boettcher@aarcorp.com	630-227-2905