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
0123952	ILLINOIS TOOL WORKS INC.

ADDRESS	CITY/TOWN	STATE	ZIP CODE
155 HARLEM AVENUE	GLENVIEW	IL	60025

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)
361258310

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): 01239528

[ ] **YES** (Single-Establishment Employer is Federal Contractor) [X] **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
326199 - All Other Plastics Product Manufacturing

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	37	10	367	17	36	1	2	3	170	13	24	0	0	2	682
First/Mid-Level Officials and Managers	96	42	1562	56	127	6	8	14	444	33	56	0	0	7	2451
Professionals	155	67	1371	99	155	5	5	27	716	87	71	2	3	18	2781
Technicians	58	24	453	30	42	2	2	4	86	9	12	0	0	2	724
Sales Workers	14	5	84	7	4	0	0	1	42	4	1	2	0	1	165
Administrative Support Workers	50	84	226	39	15	0	3	5	458	71	25	1	1	17	995
Craft Workers	320	21	1597	179	90	12	12	48	64	31	11	1	2	4	2392
Operatives	581	575	1906	464	357	17	11	27	628	249	233	13	5	15	5081
Laborers and Helpers	96	36	297	119	21	1	1	5	100	21	7	0	0	2	706
Service Workers	5	1	3	4	0	0	0	0	0	1	0	0	0	0	14
CURRENT 2024 REPORTING YEAR TOTAL	1412	865	7866	1014	847	44	44	134	2708	519	440	19	11	68	15991
PRIOR 2023 REPORTING YEAR TOTAL	1345	809	8128	1017	826	38	45	132	2812	498	435	17	10	58	16170

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/14/2024 - 10/27/2024

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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ADDRESS	CITY/TOWN	STATE	ZIP CODE
155 HARLEM AVENUE	GLENVIEW	IL	60025

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

6/17/2025 8:35 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
KEYANDEZ V BROOKS	Global HRIS Director
Email Address of Certifying Official	**Telephone Number of Certifying Official**
KBROOKS@ITW.COM	224-661-7736

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

Name of Primary POC	Title and Employer of Primary POC
Rudian Kogan	Sr. Global Workday Solution Architect ITW
Email Address of Primary POC	**Telephone Number of Primary POC**
rkogan@itw.com	224-661-7743