

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 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  
A253494

EMPLOYER NAME

C00070 STARBUCKS SUPPORT CENTER

ADDRESS

2401 UTAH AVE S STE 800

CITY/TOWN

SEATTLE

STATE

WA

ZIP CODE

98134

**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)**

911325671

**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): LKN7SNYDQEZ3

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	1	0	10	4	4	0	0	0	14	1	2	0	0	0	36
First/Mid-Level Officials and Managers	1076	1803	3080	469	358	25	26	200	6207	705	569	74	63	396	15051
Professionals	137	184	963	66	455	7	6	62	942	97	372	5	3	70	3369
Technicians	1	0	27	2	1	0	0	1	3	1	0	1	0	0	37
Sales Workers	0	6	12	3	1	1	1	0	26	5	2	0	0	2	59
Administrative Support Workers	20	80	98	11	11	3	2	9	347	34	57	9	0	30	711
Craft Workers	13	2	115	21	8	1	4	3	10	1	3	0	1	0	182
Operatives	218	146	421	182	36	11	5	23	215	84	27	5	6	11	1390
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	19873	48834	24693	4726	3827	285	330	2816	72980	12225	7682	728	841	7563	207403
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>21339</b>	<b>51055</b>	<b>29419</b>	<b>5484</b>	<b>4701</b>	<b>333</b>	<b>374</b>	<b>3114</b>	<b>80744</b>	<b>13153</b>	<b>8714</b>	<b>822</b>	<b>914</b>	<b>8072</b>	<b>228238</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>23021</b>	<b>54664</b>	<b>33182</b>	<b>5981</b>	<b>5049</b>	<b>372</b>	<b>438</b>	<b>3422</b>	<b>91437</b>	<b>14586</b>	<b>9556</b>	<b>907</b>	<b>1029</b>	<b>8919</b>	<b>252563</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/1/2023 - 10/2/2023

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID  
A253494

EMPLOYER NAME  
C00070 STARBUCKS SUPPORT CENTER

ADDRESS

2401 UTAH AVE S STE 800

CITY/TOWN

SEATTLE

STATE

WA

ZIP CODE

98134

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

5/31/2024 9:11 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

[REDACTED]

Title of Certifying Official

[REDACTED]

Email Address of Certifying Official

[REDACTED]

Telephone Number of Certifying Official

[REDACTED]

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

Name of Primary POC

[REDACTED]

Title and Employer of Primary POC

[REDACTED]

Email Address of Primary POC

[REDACTED]

Telephone Number of Primary POC

[REDACTED]