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 | | | | | | |
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| OFS COMPANY ID | | ~ | | | | | | OYER N | IAME | | | | | | |
| X387471 | | | | | | EXPE | DIA INC | HEAD | QUAR | TERS | | | | | |
| ADDRESS CITY/TOWN | | | | | | | | | | STATE ZIP CODE | | | | | |
| 1111 Expedia Group Way West | | | | | | | SEATTLE | | | | | WA 98119 | | | 19 |
| · | EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) | | | | | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | zi i DQC | | KS OK | LOTAL | | | | | | Γ-LEVEL | | шоге) | | | |
| HEADQUARTERS OR ESTABLISHME | NT-LEV | VEL ADI | ORESS | | | CITY/TOWN | | | | | | STATE ZIP CODE | | | DDE |
| TILL ID QU'INTERIO ON ESTABLISTIME | WAL-PEAEP WOOKE99 | | | | CII I, IO WI | | | | | | STATE ZIN CODE | | | ,DL | |
| | | | | | IDEN' 911996 | ENTIFICATION NUMBER (EIN) | | | | | | | | | |
| | | SECTI | ON F - | | | FILIN(| z FI IC | IRII IT | v | | | | | | |
| X YES (Employer Is Eligible | | | | | | | | | | NO LO | NGER | IN BUS | INESS | | |
| | | F-FE | DERA | L CON | ΓRACT | OR DE | SIGNA | TION (| | | | | | | |
| | | | | | | Not App | | | | | | | | | |
| ☐ 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) | | | | | | | | | | | | | | | |
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| | CI | CTION | | | | el Agen DEMO | | HIC DA | ТА | | | | | | |
| | SI | crio | <u> </u> | VOKKI | OKCE | | | | | | | | | | 1 |
| | Hispanic | | | | | Race/Ethnicity Not Hispanic or Latino | | | | | | | | | 1 |
| | or Latino | | | | | | | | | | | Female | | | |
| | | | | ے | | Native Hawaiian or Other Pacific Islander | ъ | ses | | ⊆ | | Native Hawaiian or Other Pacific Islander | ъ | ses | |
| JOB CATEGORIES | | | | Black or African American | | Native Hawaiian or Other Pacific Islande | American Indian Alaska Native | Two or More Races | | Black or African American | | Native Hawaiian or Other Pacific Islande | American Indian Alaska Native | Two or More Races | Row |
| JOB CATEGORIES | <u>o</u> | Female | ţe | ck or Afric American | an | vai ic Is | Ind | ē | ţe | Black or | an | vai ic Is | Ind | -re- | Total |
| | Male | em | White | or | Asian | Ha | an ka | ₽ | White | acl A | Asian | Ha | ka a | № | |
| | | ш | | A Z | ` | e e | eric las | ō | _ | <u> </u> | ` | e e | aric las | or | |
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| | | | | | | 2 g | 4 | - | | | | 2 g | 1 | - | |
| Executive/Senior Level Officials and Managers | 5 | 5 | 51 | 5 | 28 | 0 | 0 | 1 | 28 | 3 | 15 | 0 | 0 | 2 | 143 |
| First/Mid-Level Officials and Managers | 63 | 36 | 531 | 20 | 253 | 2 | 2 | 22 | 499 | 15 | 174 | 2 | 3 | 23 | 1645 |
| Professionals | 238 | 281 | 1493 | 173 | 1163 | 13 | 10 | 109 | 1482 | 148 | 918 | 10 | 11 | 93 | 6142 |
| Technicians Sales Workers | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28 1 |
| Administrative Support Workers | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 6 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers CURRENT 2022 REPORTING YEAR TOTAL | 308 | 323 | 2093 | 199 | 1448 | 0 15 | 13 | 132 | 0 2015 | 166 | 0 1108 | 12 | 0 15 | 0 118 | 0 7965 |
| | | | | | | | | | | | | | | | |
| PRIOR 2021 REPORTING YEAR TOTAL | <u> </u> | OT COT | 2217 | IVO DE | EOD C | E Chi i = | CIICT | DEETC | | | | | | | <u> </u> |
| | ; | SECTI(| UN I – | | | E SNAP 1 <mark>2/25/2</mark> 0 | | PERIO] | υ | | | | | | |
| SECTION J | – HEA | DQUAI | RTERS | | | | | VEL CO | OMME | NTS (op | tional) | | | | |

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

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 11/29/2023 4:24 PM [EST]

| EMPLOYER'S CERTIFYING OFFICIAL | | | | | | | |
|--|---|--|--|--|--|--|--|
| Name of Employer's Certifying Official | Title of Certifying Official | | | | | | |
| Barrie Stone | Sr Director, Regional HR | | | | | | |
| Email Address of Certifying Official | Telephone Number of Certifying Official | | | | | | |
| bstone@expediagroup.com | 408-482-0289 | | | | | | |
| PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING | | | | | | | |
| Name of Primary POC | Title and Employer of Primary POC | | | | | | |
| Alli Smith | Regional HR Manager | | | | | | |
| | Expedia Group | | | | | | |
| Email Address of Primary POC | Telephone Number of Primary POC | | | | | | |
| allsmith@expediagroup.com | 985-705-0949 | | | | | | |