# 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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

Expiration Date: 11/30/2020								2020								
SECTION A - TYPE OF REPORT																
			С	ONSOL	IDATE	D REP	ORT									
		SECT	ION B	- EMP	LOVE	R IDEN	TIFICA	TION								
OFS COMPANY ID		5201	10112	231/11	LUIL			OYER N	AME							
8397925	SUPERIOR INDUSTRIES INTL INC															
ADDRESS						CITY/TOWN						STATE ZIP CODE				
26600 TELEGRAPH RD, SUITE 400						SOUTHFIELD						MI 48033			33	
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL						
HEADOLLARTERS OF ESTABLISH S	NIT LEX	EL ADD	DECC				CHTM/TOWN I					STATE ZIP CODE			DE	
HEADQUARTERS OR ESTABLISHME	NT-LEVEL ADDRESS					CITY/TOWN						STATE		ZIPCC	DDE	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)																
263889872																
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): Not Applicable																
☐ 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																
336390 - Other Motor Vehicle Parts Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA																
	SE	CTION	I H – V	VORKF	ORCE											
							Race/E	thnicity	y							
	Hispanic Not Hispanic or Latino															
	or Latino						Male F						emale			
						_						_				
				_		or de	ō	es		_		o de	ō	es		
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		Φ		fric	_	aiie Isl	dia	2		or eri	_	iii ls	nerican Indian Alaska Native	2	Total	
	Male	Female	White	ck or Afric American	Asian	Fic	ΞŽ	ore	White	Black or	Asian	Ei 🦹	ΞŽ	ore	I Otal	
	Ĕ	e	⋛	o en	As	Ha	anka	Š	₹	lac n A	As	Ha Sci	ka	Š		
		ш.		A Ck	1	P &	ric	ō		B B	`	e e	iric	ō		
				Bla		ati ner	me A	9		√fri		ati ner	me A	9		
						ž	A	⊭		1		Ž	A	⊭		
Executive/Senior Level Officials and Managers	0	0	3	1	2	0	0	0	0	0	0	0	0	0	6	
First/Mid-Level Officials and Managers	2	1	25	1	4	0	0	0	16	0	2	0	0	0	51	
Professionals	0	0	18 1	0	0	0	0	0	4 0	0	0	0	0	0	29 1	
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	1	2	0	0	0	0	0	0	0	0	0	0	0	3	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	4	2	49	2	9	0	0	0	20	2	2	0	0	0	90	
PRIOR 2022 REPORTING YEAR TOTAL	6	0	51	2	7	0	0	0	27	2	3	0	0	0	98	

SECTION I – WORKFORCE SNAPSHOT PERIOD

11/1/2023 - 12/2/2023

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

Not Applicable

## 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 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 5/13/2024 9:05 AM [EST]

• •							
EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Julie Alexander	Director Benefits & Compensation						
Email Address of Certifying Official	Telephone Number of Certifying Official						
jalexander@supind.com	248-361-0961						
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Liz West	HRBP						
	Superior Industries						
Email Address of Primary POC	Telephone Number of Primary POC						
lwest@supind.com	248-688-8244						