## 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 2046 0040

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

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SECTION A – TYPE OF REPORT															
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		SECT	TON B	-EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
JN26483	JN26483 Trane Technologies														
ADDRESS CITY/TOWN STATE ZIP CODE									DE						
800E Beaty		DAVIDSON						NC 28036			36				
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 COD								DE							
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SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
250900465															
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): QJFJBF8ZBUM8															
VFC (Single Establishm															
<del>-</del> · · ·	☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)														
X YES (I	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															
	55111								Office	S					
551114 - Corporate, Subsidiary, and Regional Managing Offices  SECTION H – WORKFORCE DEMOGRAPHIC DATA															
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	or Latino				М	Not Hispanic or Latino  Male F						nale			
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				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	Dow.
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Executive/Senior Level Officials and Managers	13	7	236	14	13	0	1	1	74	9	4	0	0	3	375
First/Mid-Level Officials and Managers	157	59	2051	100	135	0	8	23	647	71	65	3	2	11	3332
Professionals Technicians	170 428	58 11	1546 3011	102 160	137 57	5 16	14 21	22 43	710 69	92 11	79 1	0	6	15 1	2957 3830
Technicians Sales Workers	269	89	2181	80	45	2	8	27	549	38	18	2	2	12	3322
Administrative Support Workers		127	316	46	8	0	1	4	764	94	24	4	6	21	1457
Craft Workers		41	691	309	21	2	4	5	68	150	4	0	1	3	1391
Operatives	603 74	376	1652	1662	100	8	12	50	656	1291	58	3	13	9	6493
Laborers and Helpers		36	388	546	9	4	7	6	180	356	5	2	1	1	1615
Service Workers		1	1	2	0	0	0	0	3	1	1	0	0	0	10
CURRENT 2023 REPORTING YEAR TOTAL	1849	805	12073	3021	525	37	76	181	3720	2113	259	15	32	76	24782
PRIOR 2022 REPORTING YEAR TOTAL	1649	649	11384	3019	458	30	74	149	3448	2169	210	13	31	72	23355
SECTION I – WORKFORCE SNAPSHOT PERIOD															

12/17/2023 - 12/31/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Not Applicable

## EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME JN26483 Trane Technologies CITY/TOWN ADDRESS STATE ZIP CODE 800E Beaty Street **DAVIDSON** NC 28036

CERTIFICATION COMMENTS (optional)

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## 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 6/3/2024 1:14 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Title of Certifying Official

Deputy General Counsel - Labor & Employment Makila Scruggs

Name of Employer's Certifying Official

Email Address of Certifying Official	Telephone Number of Certifying Official				
wendy.shields@tranetechnologies.com	704-239-1722				
PRIMARY POINT OF CONTACT (POC)	OR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Makila Scruggs	Deputy General Counsel - Labor & Employment				
	Trane Technologies				
Email Address of Primary POC	Telephone Number of Primary POC				
wendy.shields@tranetechnologies.com	704-239-1722				