

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 08/31/2024

**SECTION A – TYPE OF REPORT  
CONSOLIDATED REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID CU12744	EMPLOYER NAME WESTERN UNION COMPANY THE			
ADDRESS 7001 EAST BELLEVIEW AVENUE		CITY/TOWN DENVER	STATE CO	ZIP CODE 80237

**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)  
204531180**

**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): UNAVAILABLE

**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**

551112 - Offices of Other Holding Companies

**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	0	0	4	1	0	0	0	0	1	0	0	0	0	0	6
First/Mid-Level Officials and Managers	35	38	210	4	84	1	1	1	184	7	32	1	0	6	604
Professionals	34	44	112	9	94	1	0	5	106	13	58	0	1	5	482
Technicians	1	0	5	1	0	0	0	1	1	0	0	0	0	0	9
Sales Workers	46	29	10	2	2	0	0	1	8	2	2	0	0	0	102
Administrative Support Workers	1	9	2	0	1	0	0	0	19	2	4	0	0	3	41
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
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	<b>117</b>	<b>120</b>	<b>343</b>	<b>17</b>	<b>181</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>319</b>	<b>24</b>	<b>96</b>	<b>1</b>	<b>1</b>	<b>14</b>	<b>1244</b>
<b>PRIOR 2021 REPORTING YEAR TOTAL</b>															

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12/30/2022 - 12/31/2022

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)

Revised 08/2023

OMB Control Number: 3046-0049

Expiration Date: 08/31/2024

**SECTION K OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
CU12744

EMPLOYER NAME  
WESTERN UNION COMPANY THE

ADDRESS

7001 EAST BELLEVIEW AVENUE

CITY/TOWN

DENVER

STATE

CO

ZIP CODE

80237

**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**

**11/17/2023 8:38 AM [EST]**

**EMPLOYER S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

[redacted]

Title of Certifying Official

Leader, Reporting and Analytics

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

Leader, Reporting and Analytics  
Western Union

Email Address of Primary POC

[redacted]

Telephone Number of Primary POC

[redacted]

