

**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 JL47478	EMPLOYER NAME FOX Corporation			
ADDRESS 1211 Avenue of the Americas	CITY/TOWN NEW YORK	STATE NY	ZIP CODE 10036	

**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)**  
831825597

**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): G7TQK4TRKF55

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	4	1	94	4	2	0	0	1	23	6	4	0	0	2	141
First/Mid-Level Officials and Managers	169	153	1226	78	196	4	5	38	838	86	186	7	4	41	3031
Professionals	289	206	1953	283	293	8	7	66	960	240	193	5	4	63	4570
Technicians	99	19	390	97	23	4	2	13	79	23	7	1	2	0	759
Sales Workers	11	16	114	7	4	0	1	3	112	9	6	0	0	0	283
Administrative Support Workers	87	111	300	52	26	2	1	12	382	103	45	4	5	33	1163
Craft Workers	5	1	13	5	0	0	1	1	1	1	0	0	0	1	29
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	3	1	2	3	1	0	0	0	0	0	0	0	0	0	10
Service Workers	65	19	19	13	4	1	1	2	31	13	1	0	1	1	171
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	732	527	4111	542	549	19	18	136	2426	481	442	17	16	141	10157
<b>PRIOR 2021 REPORTING YEAR TOTAL</b>															

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2022 - 12/31/2022

**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  
JL47478

EMPLOYER NAME  
FOX Corporation

ADDRESS

1211 Avenue of the Americas

CITY/TOWN

NEW YORK

STATE

NY

ZIP CODE

10036

**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**

11/14/2023 2:30 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Dani Barioni

Title of Certifying Official

Director, HR Administration

Email Address of Certifying Official

dani.barioni@fox.com

Telephone Number of Certifying Official

310-369-8277

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

Name of Primary POC

Dani Barioni

Title and Employer of Primary POC

Director, HR Administration  
Fox Corporation

Email Address of Primary POC

dani.barioni@fox.com

Telephone Number of Primary POC

310-369-8277