

**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 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): 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**

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	5	2	89	4	5	0	0	0	33	3	5	0	0	3	149
First/Mid-Level Officials and Managers	163	159	1234	108	198	4	5	41	766	104	186	4	5	42	3019
Professionals	286	205	1884	261	293	6	3	62	1006	234	194	6	5	66	4511
Technicians	116	20	432	97	26	4	3	15	85	24	10	1	1	0	834
Sales Workers	7	16	113	8	5	0	0	3	114	9	7	0	1	0	283
Administrative Support Workers	90	120	268	57	32	2	0	15	354	96	49	4	3	30	1120
Craft Workers	4	1	11	5	1	0	1	1	0	1	0	0	0	1	26
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	3	1	3	4	1	0	0	0	0	0	0	0	0	0	12
Service Workers	61	21	18	14	4	1	1	2	32	15	2	0	0	2	173
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>735</b>	<b>545</b>	<b>4052</b>	<b>558</b>	<b>565</b>	<b>17</b>	<b>13</b>	<b>139</b>	<b>2390</b>	<b>486</b>	<b>453</b>	<b>15</b>	<b>15</b>	<b>144</b>	<b>10127</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>732</b>	<b>527</b>	<b>4111</b>	<b>542</b>	<b>549</b>	<b>19</b>	<b>18</b>	<b>136</b>	<b>2426</b>	<b>481</b>	<b>442</b>	<b>17</b>	<b>16</b>	<b>141</b>	<b>10157</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2023 - 12/31/2023

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

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JL47478

EMPLOYER NAME  
FOX Corporation

ADDRESS

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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**

6/27/2024 4:44 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Dani Barioni

Title of Certifying Official

Director, HR Admin, Compliance and Mobility

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

Ted Exarhakos

Title and Employer of Primary POC

SVP HR, Benefits  
Fox Corporation

Email Address of Primary POC

Ted.Exarhakos@FOX.COM

Telephone Number of Primary POC

212-852-7289