

**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 0351643	EMPLOYER NAME Conagra Brands			
ADDRESS 222 West Merchandise Mart Plaza, SUITE 1300	CITY/TOWN CHICAGO	STATE IL	ZIP CODE 60654	

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)
208595574

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): DKWSTFAKEM49

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

311999 - All Other Miscellaneous Food Manufacturing

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	7	1	53	2	0	0	0	1	30	0	0	0	0	0	94
First/Mid-Level Officials and Managers	90	64	968	68	41	4	6	22	526	37	36	2	5	9	1878
Professionals	48	78	679	32	62	1	4	9	656	44	46	2	0	10	1671
Technicians	14	46	89	27	5	0	1	2	153	29	17	0	2	1	386
Sales Workers	6	2	65	5	5	0	0	4	62	5	3	0	0	0	157
Administrative Support Workers	16	53	91	9	2	3	0	3	167	14	3	2	2	1	366
Craft Workers	222	40	988	70	49	8	7	18	81	20	8	6	1	6	1524
Operatives	990	924	1955	709	184	102	35	42	747	424	98	20	13	16	6259
Laborers and Helpers	643	829	1007	376	140	62	19	33	737	236	103	66	11	25	4287
Service Workers	15	17	17	4	0	0	1	0	6	1	0	0	0	0	61
CURRENT 2023 REPORTING YEAR TOTAL	2051	2054	5912	1302	488	180	73	134	3165	810	314	98	34	68	16683
PRIOR 2022 REPORTING YEAR TOTAL	1951	1958	6039	1248	450	129	71	110	3294	754	306	86	32	65	16493

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

OFS COMPANY ID
0351643

EMPLOYER NAME
Conagra Brands

ADDRESS

222 West Merchandise Mart Plaza, SUITE 1300

CITY/TOWN

CHICAGO

STATE

IL

ZIP CODE

60654

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

5/23/2024 10:26 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Corinne Biller

Title of Certifying Official

Counsel, Labor & Employment

Email Address of Certifying Official

corey.biller@conagra.com

Telephone Number of Certifying Official

312-549-5413

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

Name of Primary POC

Corinne Biller

Title and Employer of Primary POC

Counsel, Labor & Employment
Conagra Brands

Email Address of Primary POC

corey.biller@conagra.com

Telephone Number of Primary POC

312-549-5413