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	EMPLOYER NAME						
0351643	Conagra Brands						
ADDRESS		CITY/TOWN	STATE	ZIP CODE			
222 West Merchandise	Mart Plaza, SUITE 1300	CHICAGO	IL	60654			
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)							

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADOUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

208595574

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) <u>Unique Entity ID (UEI)</u>: DKWSTFAKEM49

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

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

311999 - All Other Miscellaneous Food Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	•														
		anic	Not Hispanic or Latino												
		or Latino		Male				Female]	
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	6	1	57	2	0	0	0	1	28	0	0	0	0	0	95
First/Mid-Level Officials and Managers	84	50	941	63	40	3	6	22	512	36	26	2	4	9	1798
Professionals	39	69	639	37	50	0	5	10	653	51	48	2	0	6	1609
Technicians	15	44	83	31	4	0	1	3	158	29	18	0	2	1	389
Sales Workers	7	2	70	5	4	0	0	2	58	7	2	0	0	1	158
Administrative Support Workers	18	50	92	11	0	2	0	3	173	9	3	1	1	1	364
Craft Workers	199	29	929	77	41	7	8	10	82	22	10	4	0	3	1421
Operatives	968	886	2080	652	180	82	28	32	786	354	87	20	15	25	6195
Laborers and Helpers	607	810	1138	368	131	35	22	27	840	246	112	57	10	19	4422
Service Workers	8	17	10	2	0	0	1	0	4	0	0	0	0	0	42
CURRENT 2022 REPORTING YEAR TOTAL	1951	1958	6039	1248	450	129	71	110	3294	754	306	86	32	65	16493
PRIOR 2021 REPORTING YEAR TOTAL	1903	1961	6117	1179	437	121	68	105	3430	789	327	59	20	66	16582

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/12/2022 - 12/25/202

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

CERTIFICATION COMMENTS (optional)

This submission contains confidential, commercial trade secret information and is not subject to disclosure under the Freedom of Information Act.

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 11/10/2023 10:41 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL					
Name of Employer's Certifying Official	Title of Certifying Official				
Corinne Biller	Counsel, Labor & Employment				
Email Address of Certifying Official	Telephone Number of Certifying Official				
corey.biller@conagra.com	312-549-5413				
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Corinne Biller	Counsel, Labor & Employment				
	Conagra Brands				
Email Address of Primary POC	Telephone Number of Primary POC				
corey.biller@conagra.com	312-549-5413				