U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

	· OI		.,	0111 (LLU.	00111	. 0.12	. ()				Expir	ation Dat	e: 11/30/	2026
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID EMPLOYER NAME															
0150940															
ADDRESS CITY/TOWN STATE ZIP CODE							DF								
5601 N MACARTHUR BLVD							RVING								
												TX 75038			00
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHM	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZII			DE
	SECTI	ON D	FMDI	OVED	IDENT	TIFICA	TION N	IIMBE	D (FIN	١					
	SECTI	UN D -	- EMIT I		362495		HONN	UNIDE	K (EII)	,					
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LON	IGER I	N BIISI	INESS		
											10LK	11 DC51	LILEDO		
SI	ECTION					OR DE: UG8DV			1 applic	able)					
— ************************************	. =	-													
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor) 🔼	YES (I	Multi-Es	tablishm	ient Em	oloyer is	Federa	Contra	ctor)		
X YES	Headqua	rters is	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establi	shment i	is Feder	al Contr	actor)		
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															
	3	311613	- Ren	dering a	nd Me	at Bypro	oduct P	rocessi	na						
	311613 - Rendering and Meat Byproduct Processing SECTION H – WORKFORCE DEMOGRAPHIC DATA														
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	emale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	es		٦		Native Hawaiian or Other Pacific Islander	ō	es	
100 0475000150				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	u	aiis	ndi Iati	ē	ø.	or ner	_	aii	nerican Indian Alaska Native	ė.	Total
	Male	Female	White	or A	Asian	a Si	n Ir a N	١	White	Black or an Amer	Asian	a Si	a N	آو	
	2	Ъ	>	k c	Ä	ac H	ica sk	2	>	Bla an	₹	E SE	ica	2	
				lac /		er F	ner Ala	0		_ ii		er F	Ala	0	
				ш.		N E	An	≱		₹		R &	An	≱	
Executive/Senior Level Officials and Managers	0	0	56	0	0	0	0	0	4	0	1	0	0	0	61
First/Mid-Level Officials and Managers	54 18	17	485 145	43 11	14 16	0	0	8 1	129 79	6 7	7 11	0	0	6 2	774 306
Professionals Technicians	13	15 5	81	32	0	0	1	1	50	4	0	1	0	4	192
Sales Workers	3	6	40	3	1	0	0	2	19	1	0	0	0	0	75
Administrative Support Workers	8	34	51	7	2	0	0	2	188	27	5	0	1	6	331
Craft Workers	131	1	543	113	5	1	12	9	7	4	0	0	0	0	826
Operatives Laborers and Helpers	415 146	15 11	1083 257	645 179	17 3	20 12	22 4	23 9	57 18	38 4	0	0	0	5 0	2340 644
Service Workers	2	0	11	3	0	0	0	1	18 5	0	0	0	0	0	22
CURRENT 2024 REPORTING YEAR TOTAL		104	2752	1036	58	33	43	 56	556	91	24	2	3	23	5571
SSINERI ESETREI SINING ILAN TOTAL	, , , ,	107	2102	1000	30	- 55	70		550	01	-7		J	20	0071
PRIOR 2023 REPORTING YEAR TOTAL	814	99	2993	1102	63	26	38	53	590	99	24	2	5	22	5930
. NON 2020 NET ONTINO TEAN TOTAL						E SNAP									
		JEC 110				2/31/20		LAIOI	•						

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

Not Applicable

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 K	OFFICIAL	CEDTIFICA	TIONOE	CLIDATECTON

SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION							
EMPLOYER IDENTIFICATION							
OFS COMPANY ID	OFS COMPANY ID EMPLOYER NAME						
0150940	0150940 Darling Ingredients Inc.						
ADDRI	ESS	CITY/TOWN	STATE	ZIP CODE			
5601 N MACA	RTHUR BLVD	IRVING	TX	75038			
CERTIFICATION COMMENTS (optional)							
No Contification Comments Provided							

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 6/6/2025 4:50 PM [EST]

EMPLOYER'S CER	RTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official						
Kimberly Hadley	Corporate Compliance Manager						
Email Address of Certifying Official	Telephone Number of Certifying Official						
kimberly.hadley@darlingii.com	540-546-3139						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Kimberly Hadley	Corporate Compliance Manager						
, , , , , ,	Darling Ingredients Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
kimberly.hadley@darlingii.com	540-546-3139						