# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER IN	SECTION A – TYPE OF REPORT													Expiration Date: 08/31/2024				
			-	-			-				•							
						D REP												
OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME									
B072777						JOHN I				N INC								
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE			
1703 NORTH RAN	DALL R	ROAD						ELGIN				IL		6012				
SECTION C – H	EADOU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (if	fapplica	ıble)						
HQ/ESTABLISHMENT-LEVEL UNIT ID						(UARTE												
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE			
		COTYON D. FAIRN OVER DELIVERY OF THE COTYON																
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 362419677																		
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)																		
SE	CTION								if applic	able)								
_			_			UNAVA												
☐ <b>YES</b> (Single-Establishm																		
YES (Headquarters is Federal Contractor)																		
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																		
SECTION G - NAICS INFORMATION																		
311911 - Roasted Nuts and Peanut Butter Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA																		
SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity																		
		oanic					Not	Hispan	ic or L	atino								
	or L	atino			M	lale					Fer	nale						
						z je	'n	Sé		_		o de	'n	S				
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JOB CATEGORIES	Φ	<u> </u>	ţe.	Afri can	<b>⊆</b>	vaii c Is	ndi. Vati	re F	ţ.	or ner	⊊	vaii c Is	Indi. Vati	<u>Б</u>	Total			
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				B		Vati	Am	آ		Afr		Vati	Am	<u>گ</u>				
						- 6		•				- 0		•				
Executive/Senior Level Officials and Managers	1	0	14	0	1	0	0	0	5	0	0	0	0	0	21			
Professionals	8	10	35	10	4	0	0	1	38	1	4	0	0	0	102			
Technicians	32	13	23	3	8	0	0	2	4	8	3	0	0	0	96			
Operatives	241	97	60	98	14	0	0	3	9	19	3	0	0	1	545			
Laborers and Helpers	56	102	18	23	16	0	1	15	2	12	8	0	0	0	253			
							1					0	1		1323			
	101	200	202	100	10	, and the second	·	20	100		20	ŭ	•		1020			
PRIOR 2021 REPORTING YEAR TOTAL	386	293	220	136	52	0	1	1	132	48	34	0	1	4	1308			
	- 5	SECTIO	ON I –			E SNAP		PERIO	D									
									OMME									
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers  CURRENT 2022 REPORTING YEAR TOTAL	44 8 32 0 11 10 241 56 1 404	13 10 13 0 31 2 97 102 0 268	69 35 23 0 4 9 60 18 0 232 220	10 1 3 0 1 1 0 98 23 0 136 WORK 12/16/2	8 0 0 0 14 16 0 49 52 FORCI	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 1 1 0 1 1 SHOT I	1 1 2 0 1 0 3 15 0 23	49 38 4 0 31 0 9 2 0 138	3 1 8 0 1 1 0 19 12 0 44	6 4 3 0 2 0 3 8 0 26	0 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 1	21 202 102 96 0 82 21 545 253 1			

Not Applicable

# 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 K - OFFICIAL CERTIFICATION OF SUBMISSION

# OFS COMPANY ID B072777 ADDRESS ADDRESS T1703 NORTH RANDALL ROAD EMPLOYER IDENTIFICATION EMPLOYER NAME JOHN B SANFILIPPO & SON INC CITY/TOWN STATE LIP CODE ELGIN IL 60123

## 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 11/20/2023 11:03 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Hannah Smith HR Systems & Data Analyst Email Address of Certifying Official Telephone Number of Certifying Official hsmith@jbssinc.com 847-214-4569 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC HR Systems & Data Analyst Hannah Smith John B. Sanfilippo & Son Inc. Email Address of Primary POC Telephone Number of Primary POC hsmith@jbssinc.com 847-214-4569

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INI												ontrol Nu ation Dat			
			SECT	ION A	- TYPI	E OF RI	EPORT				l				
			HI	EADQU	ARTE	RS REP	ORT								
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						·		OYER N	AME						
B072777						JOHN E	SANF	ILIPPO	) & SO	N INC					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1703 NORTH RANI	ALL R	OAD						ELGIN				IL		6012	
		DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													.0
HQ/ESTABLISHMENT-LEVEL UNIT ID	a IDQC	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
B072777		John B. Sanfilippo & Son Inc.													
HEADQUARTERS OR ESTABLISHME	NT-LEV														
1703 N Rand	all Rd							ELGIN				IL		6012	23
	SECTI	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 362419677													
		SECTION E – EMPLOYER FILING ELIGIBILITY													
X YES (Employer Is Eligible	to File)	File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
SEC	TION	F – FEI	DERAI	CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	f applic	able)					
		ON F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): KCM1GNUK29N8													
YES (Single-Establishme	ent Emp	nt Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)													
	_	-													
X YES (H	leadquai	rters is I	ederal	Contrac	tor)	YES (N	on-Head	iquarters	s Establ	ishment	is Feder	al Contr	actor)		
		XY	ES (Or	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
	31′	1911 - I	Roaste	d Nuts	and Pe	anut Bu	utter Ma	nufacti	uring						
	SE	CTION	H – V	VORKE	ORCE	DEMO									
	111		ı				Race/E			- 41					
	Hisp	anıc atino			M	ale	Not	Hispan	IC Or L	atino	Eon	nale			
	OI L	auno			IVI	ale					rei	lale			
				u.		Native Hawaiian or Other Pacific Islander	or 3	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or 0	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	wai	Inc Na	re	White	Black or	Asian	wai	Inc	ē	Total
	Male	em	Ϋ́	or ner	Asi	Hay	an ka	Mo	۸	lacl n A	۸si	Ha	an ka	ĕ	
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Executive/Senior Level Officials and Managers	0	0 11	14 48	0	<u>1</u>	0	0	0	5 41	0	6	0	0	0	20
First/Mid-Level Officials and Managers Professionals	31 7	11	48 34	3 1	5 4	0	0	1	41 34	1	4	0	0	0	148 96
Technicians	21	7	16	3	6	0	0	2	0	1	3	0	0	0	59
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	10	25	4	1	0	0	0	1	23	0	2	0	0	0	66
Craft Workers	5	0	6	0	0	0	0	0	0	0	0	0	0	0	11
Operatives	182	63	36	26	14	0	0	3	5	0	2	0	0	0	331
Laborers and Helpers	46	85	15	14	15	0	1	15	1	6	7	0	0	0	205
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	303	201	173	48	45	0	1	23	109	9	24	0	1	0	937

SECTION I - WORKFORCE SNAPSHOT PERIOD

156

12162022 - 12292022

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

No Comments Provided

PRIOR 2021 REPORTING YEAR TOTAL

# U.S. EOUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)							
	SECTION A - T	YPE OF REPORT						
	ESTABLISH	MENT REPORT						
	SECTION B - EMPLO	OYER IDENTIFICATION						
OFS COMPANY ID		EMPLOYER NAME						
B072777								
ADDRES	CITY/TOWN	STATE	ZIP CODE					
1703 NORTH R	IL	60123						
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)					
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE					
R160278		John B. Sanfilippo & Son Inc.						
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE				
16435 IH	35 North	SELMA	TX	78154				
		ENTIFICATION NUMBER (EIN) 419677	•					
	SECTION E – EMPLOY	ER FILING ELIGIBILITY						
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS				
		ACTOR DESIGNATION (if applicable) <u>I)</u> : KCM1GNUK29N8						
YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contractor	·)				

# SECTION G - NAICS INFORMATION

311911 - Roasted Nuts and Peanut Butter Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

Race/Ethnicity																
							Race/E	thnicity	/							
	Hisp	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
First/Mid-Level Officials and Managers	7	0	6	1	1	0	0	0	0	0	0	0	0	0	15	
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	
Technicians	9	4	0	0	2	0	0	0	0	0	0	0	0	0	15	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	1	4	0	0	0	0	0	0	0	0	0	0	0	0	5	
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Operatives	34	14	0	7	0	0	0	0	3	1	1	0	0	0	60	
Laborers and Helpers	6	10	0	0	1	0	0	0	0	1	1	0	0	0	19	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTAL	60	32	7	8	4	0	0	0	4	2	2	0	0	0	119	
PRIOR 2021 REPORTING YEAR TOTAL	58	41	9	6	5	0	0	0	3	4	11	0	0	1	138	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12292022

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

No Comments Provided

## 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 - T	TYPE OF REPORT									
	ESTABLISH	IMENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID EMPLOYER NAME											
B072777	B072777 JOHN B SANFILIPPO & SON INC										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1703 NORTH R	ANDALL ROAD	ELGIN	IL	60123							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if ap	plicable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME								
R671668		John B. Sanfilippo & Son Inc.									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
29241 W. Co	ttonwood Rd	GUSTINE	CA	95322							
		DENTIFICATION NUMBER (EIN) 2419677									
·	SECTION E - EMPLOY	FR FILING FLIGIRILITY		•							

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)

Unique Entity ID (UEI): KCM1GNUK29N8

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

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

## SECTION G - NAICS INFORMATION

311911 - Roasted Nuts and Peanut Butter Manufacturing

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
							Race/E	thnicity	/							
	Hisp	anic	Not Hispanic or Latino													
	or Latino				М	ale		•			Fen	nale				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	5	2	0	0	0	0	0	0	4	0	0	0	0	0	11	
Professionals	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	
Technicians	2	2	0	0	0	0	0	0	0	0	0	0	0	0	4	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Craft Workers	3	2	0	0	0	0	0	0	0	0	0	0	0	0	5	
Operatives	21	15	2	1	0	0	0	0	0	0	0	0	0	0	39	
Laborers and Helpers	4	6	1	0	0	0	0	0	0	0	0	0	0	0	11	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTAL	36	29	3	1	0	0	0	0	5	0	0	0	0	0	74	
PRIOR 2021 REPORTING YEAR TOTAL	36	47	4	1	0	0	0	0	4	0	0	0	0	1	93	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12292022

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

No Comments Provided

# ILS FOLIAL EMPLOYMENT OPPORTUNITY COMMISSION (FEOC)

EEOC Standard Form 100 (SF 100)

•	INFORMATION REPORT (EF	` ,	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024							
	SECTION A - T	TYPE OF REPORT								
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
B072777 JOHN B SANFILIPPO & SON INC										
ADDRES	STATE	ZIP CODE								
1703 NORTH R	IL	60123								
		SHMENT-LEVEL IDENTIFICATION (if appl								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
M121591 JOHN B SANFILIPPO & SON INC.										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COL										
1251 Colqu	itt Highway	BAINBRIDGE	GA	39817						
		ENTIFICATION NUMBER (EIN) 2419677								
	SECTION E - EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	sible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS						
		ACTOR DESIGNATION (if applicable) <u>I)</u> : KCM1GNUK29N8								
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	r)						
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)						
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)							

SECTION G – NAICS INFORMATION
311911 - Roasted Nuts and Peanut Butter 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	1	0	15	6	0	0	0	0	4	2	0	0	0	0	28		
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2		
Technicians	0	0	7	0	0	0	0	0	4	7	0	0	0	0	18		
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	0	0	0	0	0	0	8	1	0	0	0	0	9		
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3		
Operatives	4	5	22	64	0	0	0	0	1	18	0	0	0	1	115		
Laborers and Helpers	0	1	2	9	0	0	0	0	1	5	0	0	0	0	18		
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2022 REPORTING YEAR TOTAL	5	6	49	79	0	0	0	0	20	33	0	0	0	1	193		
PRIOR 2021 REPORTING YEAR TOTAL	4	5	51	79	0	0	0	0	18	33	0	0	0	2	192		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12292022

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

No Comments Provided