EEOC Standard Form 100 (SF 100)

| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) | | | | | | | | | | | | Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 | | | | |
|--|---------------------------------|-------------|----------------|------------------------------|---------------------------------------|--|-------------------------------------|---|--------------------|------------------------------|-----------|---|-------------------------------------|-------------------|--------------|--|
| | | | | | | E OF RI ED REP | | | | | • | | | | | |
| | | SECT | TION B | B – EMP | LOYE | R IDEN | TIFICA | TION | | | | | | | | |
| OFS COMPANY ID | EMPLOYER NAME | | | | | | | | | | | | | | | |
| T646503 KEURIG DR PEPPER | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | CITY/TOWN | | | | | | STATE ZIP CODE | | | | |
| 6425 Hall of Fame Lane | | | | FRISCO | | | | | | | | TX 75034 | | | 34 | |
| SECTION C - H | EADOU | JARTE | RS OR | ESTAB | BLISHN | MENT-I | LEVEL | IDENT | 'IFICA' | TION (i | f applica | able) | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | | | | | | | | Γ-LEVEL | | | | | | |
| | | | | | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS | | | | CITY/TOWN | | | | | | STATE ZIP CC | | | DDE | | | |
| • | | | | | | | | | | | | | | | | |
| SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 980517725 | | | | | | | | | | | | | | | | |
| | | SECTION | ON E - | | | FILING | ELIG | BILIT | Y | | | | | | | |
| X YES (Employer Is Eligible | | | | | | | | | | NO LO | NGER I | IN BUS | INESS | | | |
| SE | CTION | | | | | OR DE | | | if applic | cable) | | | | | | |
| ☐ YES (Single-Establishn | ent Emr | | - | | | | | | nent Em | nlover is | Federa | 1 Contra | ctor) | | | |
| | - | • | | | - | | | | | | | | | | | |
| X YES (I | 1eadqua | | | | | | | - | | ishment s Federa | | | actor) | | | |
| | | S | | | | INFOR | | | | | | | | | | |
| 312111 - Soft Drink Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | | |
| | | | | | | | Race/E | thnicit | у | | | | | | | |
| | Hispanic Not Hispanic or Latino | | | | | | | | | | | | | | | |
| | or La | or Latino | | | | Male | | | | | Female | | | | <u> </u> | |
| 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 | 26 | 1 | 1 | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 1 | 43 | |
| First/Mid-Level Officials and Managers | 377 | 98 | 1705 | 211 | 114 | 3 | 3 | 44 | 739 | 92 | 74 | 6 | 3 | 30 | 3499 | |
| | | | | | | | | | | | | 1 | • | | 1079 219 | |
| Executive/Senior Level Officials and Managers | Hisp or La | panic atino | 3121 NH – V | Black or African American | W W W W W W W W W W W W W W W W W W W | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | HIC DA Ethnicit Hispar Saces Baces And On More | Muic or L apium | Black or African American | o Asian | Native Hawaiian or Other Pacific Islander | 0 | 1 | 3. 3. 10 | |

SECTION I - WORKFORCE SNAPSHOT PERIOD

983

97

12/16/2024 - 12/31/2024

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

Not Applicable

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

SECTION IN OFFICIAL CERTIFICATION OFS COMPANY ID T646503 ADDRESS ADDRESS CITY/TOWN STATE FRISCO TX 75034

CERTIFICATION COMMENTS (optional)

There were 393 employees who were not included in the EEO-1 reports because the employees declined to self-identify race, ethnicity, or gender.

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 6/9/2025 12:08 PM [EST]

| 00/2020 12:00 t in [201] | | | | | | | |
|--|---|--|--|--|--|--|--|
| EMPLOYER'S CERTIFYING OFFICIAL | | | | | | | |
| Name of Employer's Certifying Official | Title of Certifying Official | | | | | | |
| April Gjerdevig | Senior Manager HR Compliance | | | | | | |
| Email Address of Certifying Official | Telephone Number of Certifying Official | | | | | | |
| april.gjerdevig@kdrp.com | 972-693-7195 | | | | | | |
| PRIMARY POINT OF CONTACT (POC) | FOR EEO-1 COMPONENT 1 REPORTING | | | | | | |
| Name of Primary POC | Title and Employer of Primary POC | | | | | | |
| April Gjerdevig | Senior Manager HR Compliance | | | | | | |
| , , | Keurig Dr Pepper | | | | | | |
| Email Address of Primary POC | Telephone Number of Primary POC | | | | | | |
| april.gjerdevig@kdrp.com | 972-693-7195 | | | | | | |