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

2022 EMPLOYER IN	FORM	IATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)				OMB Control Number: 3046- Expiration Date: 08/31/20:					
				-		E OF RI	-										
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID								OYER N									
P610872					GRAP	HIC PA	CKAGI	NG IN	ΓERNA	TIONAL	_ INC						
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE		
1500 RIVEREDGE F	PARKW	AY NW					Α	TLANT	-A			GA		303	28		
				ECTAD	T ICITA	AENT I				TION G	f ammli ac						
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAE		UARTE						ibie)					
IIQ/EST/IDEISTINEIVT-EEVEE CIVIT ID					TILITO	ZOMKIL	KS OK L	JIMBLI	JIIIVILIV	I-LL V LL	1 W LIVIL						
													-				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DDE		
	SECTI	ON D -	-EMPI		IDEN' 340772	FIFICA	TION N	UMBE	CR (EIN	)							
		SECTION	ON E -			FILING	ELIG	BILIT	Y								
YES (Employer Is Eligibl										NO LO	NGER I	IN BUS	INESS				
SE	CTION	F-FE	DERA	L CON	TRACT	OR DE	SIGNA	TION (	if applic	able)							
		Un	ique En	tity ID (	<u>UEI)</u> :	UNAVA	ILABLE		• • •								
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
X YES	Loodana	rtore is	Eadaral	Control	tor)	VEC (N	Ion Hoo	danartar	o Establ	ichmont	ic Eodor	ol Contr	nator)				
ĭ ies (.	пеацциа				- —	`		•					actor)				
		XY	ES (O	ne or Mo	ore Non	ı-Headqı	iarters E	Establish	nments i	s Federa	l Contra	actor)					
		S				INFOR		N									
	O.F.	COTTO				rboard N		TIC D.	TD A								
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity																	
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				a		and and	e e	ge		can		and and	e e	ace	Row		
JOB CATEGORIES		Φ		Black or African American	_	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	•	Black or African American	_	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Total		
	Male	Female	White	ck or Afric American	Asian	fi 🦹	Ξž	9.0	White	Black or an Amer	Asian	ij 🦹	ΞŽ	ore	Iotai		
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						- 0						- 0					
Executive/Senior Level Officials and Managers	2	1	49	1	2	0	1	0	15	4	0	0	0	0	75		
First/Mid-Level Officials and Managers	33	14	1060	90	19	0	6	18	306	40	11	3	0	9	1609		
Professionals	21	14	626	57	20	1	6	16	209	56	15	1	2	8	1052		
Technicians Sales Workers	18 0	2	291 81	30 1	0	0	10 0	6	24 32	20 3	1	0	0	1	413 121		
Administrative Support Workers	6	12	108	23	2	1	1	3	297	68	3	0	0	10	534		
Craft Workers	45	6	715	78	6	0	7	20	33	6	0	0	0	3	919		
Operatives	694	153	4305	1468	171	32	106	151	903	293	57	9	24	30	8396		
Laborers and Helpers	83	96	408	325	38	9	15	39	164	99	32	6	17	15	1346		
Service Workers	1	1	16	5	0	0	0	1	3	0	0	0	0	0	27		
CURRENT 2022 REPORTING YEAR TOTAL	903	300	7659	2078	262	46	152	254	1986	589	120	20	43	80	14492		
PRIOR 2021 REPORTING YEAR TOTAL	PRIOR 2021 REPORTING YEAR TOTAL 1147 410 7867 1954 237 37 139 152 1942 599 114 23 39 36 14696																
	,	SECTI	ON I –			E SNAP		PERIO	D								
SECTION 1	- HEAT	DOLLA	PTFDS			12/31/20		VEL CO	MMF	NTS (on	tional)						

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

	SECTION K - OFFICIAL CERTIFICATION OF SURMISSION								
SECTION K -	- OFFICIAL CERTIFICATION OF SUBMISSION								
	EMPLOYER IDENTIFICATION								
OFS COMPANY ID	EMPLOYER NAME								
P610872	GRAPHIC PACKAGING INTERNATIONAL INC	;							
ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDGE PARKWAY NW	ATLANTA	GA	30328						
(	CERTIFICATION COMMENTS (optional)	- L							
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 12/4/2023 11:09 AM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Nicol Green	Sr. Manager, People Analytics
Email Address of Certifying Official	Telephone Number of Certifying Official
Nicol.Green@graphicpkg.com	770-240-8468
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Nicol Green	Sr. Manager, People Analytics
	GRAPHIC PACKAGING INTERNATIONAL INC
Email Address of Primary POC	Telephone Number of Primary POC
Nicol.Green@graphicpkg.com	770-240-8468

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2022 EMPLOYER IN													Revised ontrol Nu ation Dat	mber: 30	
						E OF RI					•				
						RS REF	_								
OFS COMPANY ID		SECT	ION B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
P610872					CDAD	HIC PA				TIONAL	INIC				
					GRAP	піс РА				HONAL					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
1500 RIVEREDGE P	ARKWA	AY NW					Α	TLANT	Α			GA		3032	28
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICAT	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	INC				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												DE	
1500 RIVEREDGE P	ARKWA												28		
	SECTI	ON D	EMDI	OVED	IDENT	TIFICA	TION N	TIMDE	D (EIN	`					
	SECTI	ON D -	LIVITI		340772		HONN	UNIDE	K (EII)	,					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	По	(Emple	over Is N	- Jot Eligi	ible to F	ile) $\Box$	EMPLO	OYER I	NO LON	NGER I	N BUSI	NESS		
	CTION												- 1-00		
SEA	CHON					JNAVA			т аррис	abie)					
☐ YES (Single-Establishm	ent Emr		-						ent Em	nlover is	Federal	Contra	ctor)		
<del>-</del> · · ·	•	•													
X YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
						-Headqu			ments is	s Federa	l Contra	actor)			
		S				INFOR board N		N							
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
								thnicity	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale	1		
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
	2	Ā	M	Black o Ame	As	Native H Other Pac	America Alaska	Two or M	M	Bla African	Ą	Native Hawaiian Other Pacific Islan	America Alaska	Two or M	
Executive/Senior Level Officials and Managers	1	1	32	1	2	0	1	0	15	4	0	0	0	0	57
First/Mid-Level Officials and Managers Professionals	7	3	140 92	21 18	9	0	3	1 5	60 53	20 29	7	1	0	3	267 233
Technicians	0	0	7	18	0	0	0	0	0	1	0	0	0	0	9
Sales Workers	0	0	8	0	0	0	0	0	3	1	0	0	0	1	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

Administrative Support Workers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		on Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;									
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDG	1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
HC34307		GPI IN CARTON CRAFT										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2549 CHARL	ESTOWN RD	NEW ALBANY	IN	47150								
		ENTIFICATION NUMBER (EIN) 0772929										
	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 BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE										
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	or)								

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

SECTION G – NAICS INFORMATION
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	15	1	0	0	0	0	2	0	0	0	0	0	18
Professionals	0	0	2	0	0	0	0	0	0	1	0	0	0	0	3
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	4	0	0	0	0	0	6	1	0	0	0	0	11
Craft Workers	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	1	3	84	11	0	0	0	2	17	0	0	0	0	1	119
Laborers and Helpers	1	0	6	1	0	0	0	0	7	0	0	0	0	0	15
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	3	3	120	14	0	0	0	2	32	2	0	0	0	1	177
PRIOR 2021 REPORTING YEAR TOTAL	2	0	137	16	0	0 E CNIA D	0	4	36	4	0	0	0	1	200

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

### 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

		YPE OF REPORT MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	<b>;</b>	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
CI94782		GPI IL ELK GROVE VILLAGE		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1500 NICHO	DLAS BLVD.	ELK GROVE VILLAGE	IL	60007
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		_

840772929

## 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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322211 - Corrugated and Solid Fiber Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	111 - V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	5	0	13	1	0	0	0	0	7	0	0	0	0	0	26
Professionals	2	0	5	0	0	0	0	0	2	0	0	0	0	0	9
Technicians	11	0	5	0	0	0	0	0	0	0	0	0	0	0	16
Sales Workers	0	0	5	0	0	0	0	0	4	0	0	0	0	0	9
Administrative Support Workers	0	1	1	0	0	0	0	0	7	2	0	0	0	0	11
Craft Workers	4	2	4	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	94	5	13	13	3	0	0	2	1	1	0	0	0	0	132
Laborers and Helpers	8	12	0	0	0	0	0	0	2	2	1	0	0	0	25
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	124	20	47	14	3	0	0	2	23	5	1	0	0	0	239
PRIOR 2021 REPORTING YEAR TOTAL	135	26	43	12	4	0	0	2	19	6	2	0	0	0	249

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

~	INFORMATION REPORT (EF	` ,	OMB Cont	trol Number: 3046-0049 ion Date: 08/31/2024						
		TYPE OF REPORT								
		IMENT REPORT								
OPG GOV MANY M	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID P610872	GI	EMPLOYER NAME RAPHIC PACKAGING INTERNATIONAL INC	<b>;</b>							
ADDRESS CITY/TOWN STATE ZIP CODE										
1500 RIVEREDG	REDGE PARKWAY NW ATLANTA GA 30328									
		SHMENT-LEVEL IDENTIFICATION (if appl		•						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
CI94742		GPI LA WEST MONROE CPD								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
204 EXCHAN	IGE STREET	WEST MONROE	LA	71292						
		ENTIFICATION NUMBER (EIN) 0772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u> ): UNAVAILABLE								
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)						
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	etor)						
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)							
	SECTION G - NA	ICS INFORMATION								

## SECTION G – NAICS INFORMATION 322211 - Corrugated and Solid Fiber Box Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	6	1	0	0	0	0	0	1	0	0	0	0	8
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	3	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	14	9	0	0	0	0	1	1	0	0	0	0	25
Laborers and Helpers	0	0	0	4	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	24	15	0	0	0	0	1	2	0	0	0	0	42
PRIOR 2021 REPORTING YEAR TOTAL	0	0	24	10	0	0	0	0	1	2	0	0	0	0	37

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	CO-1 COMPONENT 1)	Expiration Date: 08/31/2024								
	SECTION A – T	YPE OF REPORT								
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;							
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
GV91673		GPI MN HAMEL CARTON								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
4535 WIL	LOW DR.	HAMEL	MN	55340						
		ENTIFICATION NUMBER (EIN) 1772929								
SECTION E – EMPLOYER FILING ELIGIBILITY										
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINI	ESS						

## SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	1	15	3	0	0	0	0	1	0	0	0	0	1	21
Professionals	0	0	4	0	1	0	0	0	3	0	0	0	0	0	8
Technicians	0	0	2	0	0	0	0	0	2	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	0	4	1	0	0	0	0	6	0	0	0	0	0	11
Craft Workers	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	4	2	60	25	1	0	1	3	8	3	0	0	0	1	108
Laborers and Helpers	0	0	12	4	1	0	0	0	1	0	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	3	105	33	3	0	1	3	21	3	0	0	0	2	179
PRIOR 2021 REPORTING YEAR TOTAL	8	5	95	31	4	0 E CNIA D	1	1	19	5	0	0	0	0	169

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
			ES	STABLI	SHME	E <b>OF RI</b> NT REF	PORT								
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
P610872					GRAP	HIC PA	CKAGI	NG INT	ΓERNA	TIONAL	INC				
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
1500 RIVEREDGE P	ARKW	AY NW					Α	TLANT	Ά			GA		3032	28
SECTION C - HI	EADQU	ARTE	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	-LEVEL 1	NAME				
X224297						(	GPI OR	PORT	LAND						
HEADQUARTERS OR ESTABLISHME												DE			
3400 N. MARIN	MARINE DRIVE PORTLAND OR 97217											17			
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
					340772										
_						FILING			_						
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	yer Is N	lot Eligi	ible to F	ile) 🔲	EMPL	OYER	NO LON	GER I	N BUSI	NESS		
SEC	CTION					OR DE			if applic	able)					
_		-	•			JNAVA									
☐ <b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federal	Contrac	ctor) 🔀	YES (	Multi-Es	tablishm	nent Em	ployer is	Federal	Contra	ctor)		
X YES (F	Ieadqua	rters is I	Federal	Contrac	tor) 🛚	YES (N	lon-Head	lquarter	s Establ	ishment i	s Federa	al Contr	actor)		
		XY	ES (On	e or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federal	Contra	ctor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIC	N							
						ard Box									
	SE	CTION	N H – W	ORKF	ORCE	DEMO									1
			1				Race/E								
		anic atino				ale	Not	Hispan	ic or L	atino	Fen				
	OI L	auno			IVI	ale	1			1	ren	iaie			
						or der	ڀِ	Š				er er	<u>_</u>	ç	
				an		n o	l o	асе		San		n o	n o	Races	Daw
JOB CATEGORIES	ø	ale	te (	African ican	Ę	vaiian or c Islander	Indian or Native	re Races	te	ς or merican	u.	vaiian or c Islander	Indian or Native	re Ra	Row Total

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	11	1	1	0	0	1	3	0	0	0	0	0	17
Professionals	0	0	7	0	0	0	1	0	3	0	1	0	0	0	12
Technicians	0	1	5	1	1	1	0	0	2	1	0	1	0	0	13
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Craft Workers	3	0	12	1	0	0	0	2	0	0	0	0	0	0	18
Operatives	6	0	59	8	1	4	0	3	2	4	1	0	0	0	88
Laborers and Helpers	1	0	1	2	0	1	1	0	2	0	0	0	0	1	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	10	1	97	13	3	6	2	6	14	5	2	1	0	1	161
PRIOR 2021 REPORTING YEAR TOTAL	15	1	98	13	1	3	0	7	14	7	3	0	0	0	162

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

## 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

	•	,	Expiration	on Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC												
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
HZ83117		GPI TN CLARKSVILLE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2593 OLD RUSS	SELLVILLE PIKE	CLARKSVILLE	TN	37040								
SECTION A – TYPE OF REPORT  ESTABLISHMENT REPORT  SECTION B – EMPLOYER IDENTIFICATION  OFS COMPANY ID  ADDRESS  GRAPHIC PACKAGING INTERNATIONAL INC  ADDRESS  CITY/TOWN STATE ZIP CODE  1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  HZ83117  GPI TN CLARKSVILLE  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
	~~~~~											

### ${\bf SECTION} \: {\bf E} - {\bf EMPLOYER} \: {\bf FILING} \: {\bf ELIGIBILITY}$

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)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) X 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	1	0	10	3	1	0	0	0	2	0	0	0	0	0	17
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	2	2	67	36	1	2	0	8	22	19	8	1	0	0	168
Laborers and Helpers	0	2	5	14	0	1	0	1	13	8	0	0	0	0	44
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	4	90	53	2	3	0	9	39	27	8	1	0	0	239
PRIOR 2021 REPORTING YEAR TOTAL	5	4	84	35	1	2	0	3	24	27	7	2	0	0	194

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

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

2022 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		trol Number: 3046-0049 on Date: 08/31/2024							
	SECTION A – T	TYPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME	_								
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC									
ADDRESS CITY/TOWN STATE ZIP CODE 1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1101 SOUTH D	ENTON ROAD	PACIFIC	MO	63069							
		ENTIFICATION NUMBER (EIN)									
		7772929									
<u>_</u>		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) INO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)									
☐ YES (Single-Establia		TYPES (Multi-Establishment Employer is Federal	eral Contracto	or)							
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)										
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)								

## SECTION G - NAICS INFORMATION

322211 - Corrugated and Solid Fiber Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	13	0	0	0	1	1	5	0	0	0	0	0	20
Professionals	0	1	6	0	0	0	0	0	1	0	0	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	1	0	0	0	0	7	1	0	0	0	1	11
Craft Workers	1	0	12	0	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	75	7	0	0	1	1	27	0	0	0	0	0	111
Laborers and Helpers	0	0	30	1	0	0	0	3	7	0	0	0	0	1	42
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	1	1	138	9	0	0	2	5	48	1	0	0	0	2	207
PRIOR 2021 REPORTING YEAR TOTAL	1	1	138	4	0	0	1	2	46	1	0	0	0	1	195

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

## 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

			Expiration	II Date. 06/31/2024							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B – EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	<b>;</b>								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
7262505		GPI NC LUMBERTON									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
2801 KENNY	BIGGS ROAD	LUMBERTON	NC	28358							
		ENTIFICATION NUMBER (EIN)	•								
		7772929									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
VES (Employer Is Elic	gible to File) NO (Employer Is Not	Eligible to File) TEMPLOYER NO LONGE	R IN RUSINE	222							

## SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	11	2	0	0	3	0	1	1	0	1	0	1	20
Professionals	0	0	2	1	0	0	1	0	0	0	0	0	0	0	4
Technicians	0	0	4	1	0	0	9	0	0	0	0	0	0	0	14
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	1	0	2	1	0	0	0	0	4
Craft Workers	0	0	1	0	0	0	2	0	0	0	0	0	0	0	3
Operatives	3	0	20	49	1	0	73	1	7	6	0	0	12	1	173
Laborers and Helpers	0	0	2	10	0	1	12	2	1	8	1	0	10	1	48
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	40	63	1	1	101	3	11	16	1	1	22	3	266
PRIOR 2021 REPORTING YEAR TOTAL	7	1	41	57	1	0	105	4	12	24	1	2	26	2	283

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

## 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

		TYPE OF REPORT MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
9449090		GPI AR FORT SMITH		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
10300 ROB	ERTS BLVD	FORT SMITH	AR	72923
		ENTIFICATION NUMBER (EIN) 1772929		

### 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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51		111 ,	, 011111	ORCE	DEMIO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
							Not	Hispan	ic or L	atino					
	or La	atino			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	0	0	15	1	0	0	1	0	4	0	0	0	0	0	21
Professionals	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
Technicians	2	0	15	0	2	1	0	1	0	0	0	0	0	0	21
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	30	4	93	16	12	6	0	0	10	0	1	2	1	0	175
Laborers and Helpers	9	1	41	2	9	1	0	2	4	3	5	3	0	0	80
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	41	5	176	19	23	8	1	3	23	3	6	5	1	0	314
PRIOR 2021 REPORTING YEAR TOTAL	46	6	182	24	25	8	4	3	23	4	6	5	2	2	340

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 08/31/2024
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	,	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328
		SHMENT-LEVEL IDENTIFICATION (if appl		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
L588060		GPI CO GOLDEN		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1795 DOGWC	OOD STREET	LOUISVILLE	CO	80027
		ENTIFICATION NUMBER (EIN) 0772929		
	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
•	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  I): UNAVAILABLE		
<b>—</b>				

☐ 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
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	y						
	Hist	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	11	0	0	0	0	1	1	0	0	0	0	0	13
Professionals	1	0	3	0	0	0	0	1	0	0	0	0	0	0	5
Technicians	2	0	8	0	0	0	0	1	1	0	0	0	0	0	12
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	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	22	0	0	0	0	3	3	0	0	0	0	0	31
PRIOR 2021 REPORTING YEAR TOTAL	5	0	20	0	0	0	0	0	3	0	0	0	0	0	28
		SECTIO	NI I	WODK	FODCI	CNIAD	CHOTI	DEDIO	<u> </u>						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

•	INFORMATION REPORT (EE		OMB Contro	ol Number: 3046-0049 in Date: 08/31/2024							
	SECTION A - T	YPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	YER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328							
		SHMENT-LEVEL IDENTIFICATION (if appl									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	iΕ								
LX76522		GPI MI STURGIS									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
305 W. SC	OUTH ST.	STURGIS	MI	49091							
		ENTIFICATION NUMBER (EIN)	•								
		772929									
		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) TEMPLOYER NO LONGE	R IN BUSINE	SS							
		ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									
☐ YES (Single-Establi	Unique Entity ID (UEI): UNAVAILABLE  ☐ YES (Single-Establishment Employer is Federal Contractor)  ☐ YES (Multi-Establishment Employer is Federal Contractor)										
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contracto	r)							

SECTION G – NAICS INFORMATION
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hist	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	9	0	0	0	0	0	2	0	0	0	0	0	11
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	1	0	0	0	0	0	4	0	0	0	0	0	5
Craft Workers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Operatives	6	2	44	0	0	0	0	0	9	0	0	0	0	0	61
Laborers and Helpers	3	6	3	0	0	0	0	0	11	0	0	0	0	0	23
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	8	64	0	0	0	0	0	28	0	0	0	0	0	109
PRIOR 2021 REPORTING YEAR TOTAL	6	7	62	0	0	0	0	0	29	0	0	0	0	0	104
TRIOR 2021 REI ORTING TEAR TOTAL				WODK						Ŭ			J		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													Revised ontrol Nuration Dat	mber: 30	
			SECT	TION A	– TYPI	E OF RI	EPORT								
						NT REF									
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
P610872					GRAP	HIC PA	CKAGI	NG IN I	ERNA	HONAL	_ INC				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
1500 RIVEREDGE PA								TLANT				GA		3032	28
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	<u> 1ENT-I</u>	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
EK97722							GPI CA	ORO	/ILLE						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
525 AIRPORT PA	ARKWA	٩Y					Ol	ROVILL	-E			CA		9596	<del>5</del> 9
	SECTI	ON D -	EMPI		IDENT 340772	FIFICA'	TION N	UMBE	R (EIN	)					
	,	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CTION					OR DE			if applic	able)					
YES (Single-Establishmo	ent Emp		-						nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	-	•								•					
<b>— 11</b> 5 (11	icaaqaa				. —	-Headqu		•					actor)		
						INFOR									
	CE					ard Box DEMO									
	SE	CHON	\ <b>п</b> – v	VUKKE	OKCE		Race/E								
	Hien	anic	l					Hispan	•	atino					
		atino			М	ale	1101	Поран	C O	atimo	Fen	nale			
JOB CATEGORIES	<b>a</b>	<u>le</u>	Ð	vfrican can	c	aiian or Slander	ndian or lative	e Races	Φ	or nerican	ء	aiian or Slander	ndian or lative	e Races	Row Total
	Mal	Pemale White White Black or African Asian Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Black or Asian White Black or Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian													
						- ŏ		_				- ō		_	
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 Professionals	0	0	9	0	0	0	0	0	4	0	0	0	0	0	16 4
เ เบเซออเบเเตโอ			_					U						U	-

SECTION I - WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

7

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

Technicians Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

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

2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A											
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	INC				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
1500 RIVEREDGE F	PARKWA	AY NW					Α	TLANT	Ά			GA		3032	28
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		·			
X224264						G	PI IN K	ENDAL	LVILLE						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
301 S. PROGRES	S DRIV	ΈE					KEN	DALLV	ILLE			IN		4675	55
	SECTI	ON D -	EMPI	LOYER	IDENT 340772		TION N	UMBE	R (EIN	)	ı		ı		
		SECTION	ON E -	EMPL			ELIGI	BILITY	Ÿ						
X YES (Employer Is Eligibl										NO LOI	NGER I	IN BUSI	INESS		
				-											
52	011011	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNAVAILABLE													
YES (Single-Establishn	ent Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> · · ·	•	ent Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  Ieadquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)													
X YES (	Headqua							•					actor)		
									ments i	s Federa	1 Contra	actor)			
				ON G - N Iding Pa					,						
	SE			VORKE											
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
						r						r			
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		⊑		Native Hawaiian or Other Pacific Islande	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Зас	Row
JOB CATEGORIES	Φ	<u> </u>	Ę.	ck or Afric American	u.	vaii	nd Nat	le l	Ę.	Black or an Amer	<u>L</u>	vaii	nd Vat	re	Total
	Male	Female	White	or / Ieri	Asian	i≟ a	an I ca I	Noi	White	ack	Asian	i a a	an L	Nol	
	-	L L	>	ck Am	۹	Pa	rica as k	or l	>	Bla	۹	Pa	rica	orl	
				3la		e ţi	nei Ala	0/		fric		e ţi	Je K	0/	
				ш		울	Ā	≥		<		울	Ā	≥	
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 Professionals	1         0         13         0         0         0         0         2         0         0         0         0         16           0         0         4         0         0         0         0         1         0         0         0         0         5														
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	3	0	0	0	0	0	3
Craft Workers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	4	1	75	1	0	0	1	1	30	0	0	0	0	0	113
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

12152022 - 1231202

### 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	YPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
H120283		GPI TN LAWRENCEBURG		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2006 LIBER	TY AVENUE	LAWRENCEBURG	TN	38464
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

840772929

### 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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	111 - V	OKKI	OKCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	15	0	0	0	0	0	7	0	0	0	0	0	22
Professionals	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Technicians	0	0	3	0	0	0	0	0	1	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	0	2	0	0	0	0	0	7	0	0	0	0	0	9
Craft Workers	0	0	22	0	0	0	0	0	0	0	0	0	0	0	22
Operatives	1	0	162	3	0	0	0	1	27	0	0	0	0	0	194
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	209	3	0	0	0	1	45	0	0	0	0	0	259
PRIOR 2021 REPORTING YEAR TOTAL	3	1	197	6	0	0	0	1	46	1	0	0	0	0	255

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

~	INFORMATION REPORT (EF	` ,	OMB Cont	trol Number: 3046-0049 ion Date: 08/31/2024								
		TYPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME	_									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;									
ADDRESS CITY/TOWN STATE ZIP CODE  1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  HZ83108 GPI PA PITTSTON												
HZ83108 GPI PA PITTSTON  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
20 COMME	RCE ROAD	PITTSTON	PA	18640								
		ENTIFICATION NUMBER (EIN)		<u> </u>								
		7772929										
_		ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) INO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE										
☐ 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 Con	ntractor)									

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DAT

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	13	0	0	0	0	1	2	0	0	0	0	0	16
Professionals	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	2	0	0	0	0	0	2
Craft Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Operatives	5	6	75	7	3	0	0	0	16	2	6	0	0	1	121
Laborers and Helpers	1	3	1	1	3	0	0	0	6	2	4	0	0	0	21
Service Workers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2022 REPORTING YEAR TOTAL	6	10	91	8	6	0	0	1	28	5	10	0	0	1	166
PRIOR 2021 REPORTING YEAR TOTAL	4	9	89	6	5	0	0	1	18	6	10	0	0	0	148

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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

~	INFORMATION REPORT (EF	,		trol Number: 3046-0049 fon Date: 08/31/2024								
	SECTION A – T	YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;									
ADDRESS CITY/TOWN STATE ZIP CODE  1500 RIVEREDGE PARKWAY NW ATI ANTA GA 30328												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
X224231		GPI TN GORDONSVILLE										
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
119 SPICE	ER DRIVE	GORDONSVILLE	TN	38563								
		ENTIFICATION NUMBER (EIN)										
		7772929										
_		ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) INO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
		ACTOR DESIGNATION (if applicable)										
	Unique Entity ID (UE	<u>I)</u> : UNAVAILABLE										
☐ YES (Single-Establish	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)								
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)								
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)									

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- 51	201101	111 ,	VOKKI	ORCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
							Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	9	1	0	0	0	1	2	0	0	0	0	0	13
Professionals	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	3	0	0	0	0	0	3
Craft Workers	0	0	13	0	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	63	3	0	0	0	0	28	1	0	0	0	1	96
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	86	4	0	0	0	1	36	1	0	0	0	1	129
PRIOR 2021 REPORTING YEAR TOTAL	1	0	83	3	0	0	0	0	36	2	0	0	0	0	125

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

### 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	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC	;	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
DE16732		GPI IL CAROL STREAM		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
400 E. NOR	TH AVENUE	CAROL STREAM	IL	60188
		ENTIFICATION NUMBER (EIN) 1772929		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS

## SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ 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

322211 - Corrugated and Solid Fiber Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	30	0	0	0	1	0	5	0	0	0	0	0	37
Professionals	2	1	34	0	1	0	0	0	3	1	1	0	0	1	44
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	4	2	0	0	0	1	9	1	0	0	0	1	18
Craft Workers	5	0	9	0	0	0	0	0	2	1	0	0	0	0	17
Operatives	54	4	38	22	12	0	2	2	4	1	1	0	0	0	140
Laborers and Helpers	6	7	17	9	2	0	0	2	3	6	4	0	1	0	57
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	67	13	138	33	15	0	3	5	26	10	6	0	1	2	319
PRIOR 2021 REPORTING YEAR TOTAL	92	19	101	30	13	0 E CNIA D	1	2	21	11	4	1	0	1	296

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPI 2022 EMPLOYER	Re OMB Cont Expirati								
		TYPE OF REPORT IMENT REPORT							
	SECTION B - EMPLO	OYER IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
P610872 GRAPHIC PACKAGING INTERNATIONAL INC									
ADDRES	S	CITY/TOWN	STATE	ZIP CO	DE				
1500 RIVEREDGE	ATLANTA	GA	3032	28					
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME									
HZ83052	HZ83052 GPI GA AUGUSTA MILL								
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CO	DE				
4278 MIKE PADO	SETT HIGHWAY	AUGUSTA	GA	3090	06				
		ENTIFICATION NUMBER (EIN) 0772929							
		ER FILING ELIGIBILITY							
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS					
:	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u> ): UNAVAILABLE							
☐ YES (Single-Establis	hment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)					
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)									
	322212 - Folding Pape	ICS INFORMATION erboard Box Manufacturing							
	SECTION H - WORKFOI	RCE DEMOGRAPHIC DATA							
Race/Ethnicity									

	) JE	CHO	4 TT _ A	OMM	ONCE	DEMO									
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	lale					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	0	0	41	3	1	0	0	0	4	1	0	0	0	0	50
Professionals	0	0	60	11	0	0	0	2	7	3	0	0	0	0	83
Technicians	0	0	3	0	0	0	0	0	1	1	0	0	0	1	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	8	3	0	0	0	0	12
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	250	203	1	0	1	7	7	20	0	0	0	1	491
Laborers and Helpers	0	0	2	8	0	0	0	0	0	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	357	225	2	0	1	9	27	28	0	0	0	2	652
				1		1						1			
PRIOR 2021 REPORTING YEAR TOTAL	3	3	383	208	2	0	1	3	28	31	0	0	0	0	662

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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

2022 EMPLOYER	Expiration Date: 08/31/2024									
	~	TYPE OF REPORT IMENT REPORT								
	SECTION R - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE									
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328										
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E							
P117650		GPI LA WEST MONROE MILL								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1000 JONES	BORO ROAD	WEST MONROE	LA	71292						
		ENTIFICATION NUMBER (EIN) 0772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS						
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE										
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)										

### SECTION G - NAICS INFORMATION 322130 - Paperboard Mills

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 H - WORKFORCE DEMOGRAPHIC DATA

### Race/Ethnicity Hispanic Not Hispanic or Latino Male or Latino Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande **Two or More Races** American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American African American Row **JOB CATEGORIES** Black or Female White Asian Total Asian White Male 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 PRIOR 2021 REPORTING YEAR TOTAL**

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 1231202

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

2022 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024									
		YPE OF REPORT								
		MENT REPORT								
SECTION B - EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
P610872	G	RAPHIC PACKAGING INTERNATIONAL INC	į							
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
		SHMENT-LEVEL IDENTIFICATION (if appl								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE							
LX76485		GPI AMERICRAFT CORPORATE								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
320 WEST HA	NES MILL RD.	WINSTON SALEM	NC	27105						
		ENTIFICATION NUMBER (EIN) 0772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	rible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE								
☐ 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 Con	ntractor)							
SECTION G - NAICS INFORMATION										

322211 - Corrugated and Solid Fiber Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	1 H – V	VOKKE	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	1	0	0	1	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	2	1	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	1	0	1	0	0	0	3	1	0	0	0	0	7
PRIOR 2021 REPORTING YEAR TOTAL	0	1	1	0	1	0	0	0	4	2	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/15/2022 - 12/31/2022

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

2022 EMPLOYER	Expiration Date: 08/31/2024										
	~	YPE OF REPORT MENT REPORT									
SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME											
P610872											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E								
HZ83070		GPI IL SHELBYVILLE									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
500 DACE	EY DRIVE	SHELBYVILLE	IL	62565							
		ENTIFICATION NUMBER (EIN) 1772929									
	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 BUSINI	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									

☐ YES (Single-Establishment Employer is Federal Contractor) X 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

322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	5r	CHON	1 H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	1	39	1	0	0	0	0	8	0	0	0	0	0	49
Professionals	0	0	10	0	0	0	0	0	4	0	0	0	0	0	14
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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	5	0	0	0	0	0	5
Craft Workers	0	0	32	0	0	0	0	0	7	0	0	0	0	0	39
Operatives	1	0	351	11	1	0	1	7	166	7	1	0	0	0	546
Laborers and Helpers	0	1	1	0	0	0	0	0	8	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	2	435	12	1	0	1	7	198	7	1	0	0	0	665
PRIOR 2021 REPORTING YEAR TOTAL	3	2	474	13 WODK	2	0	1	7	220	8	3	0	0	0	733

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER	Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
		TYPE OF REPORT									
		MENT REPORT									
OFFIG COLUMN TO	SECTION B – EMPLOYER IDENTIFICATION  OFS COMPANY ID  EMPLOYER NAME										
P610872	GI	EMPLOYER NAME  GRAPHIC PACKAGING INTERNATIONAL INC									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328							
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
CC95352 GPI CA IRVINE											
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1600 BARRA	NCA PKWY.	IRVINE	CA	92606							
		ENTIFICATION NUMBER (EIN) 0772929									
		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									
■ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)											
YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)								
	SECTION G – NAICS INFORMATION 322211 - Corrugated and Solid Fiber Box Manufacturing										

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51		, , ,	, 011111	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			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	2	0	7	1	0	0	0	1	2	0	0	0	0	1	14
Professionals	2	1	1	0	0	0	0	0	0	0	1	0	0	0	5
Technicians	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	2	0	0	0	0	0	0	1	0	0	0	0	3
Administrative Support Workers	1	2	1	0	0	0	0	1	1	0	1	0	0	1	8
Craft Workers	5	0	0	1	0	0	0	0	0	0	0	0	0	0	6
Operatives	78	5	18	3	6	3	2	3	1	0	0	0	0	0	119
Laborers and Helpers	17	7	9	3	2	0	1	5	3	0	0	0	1	0	48
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	106	15	38	8	8	3	3	10	7	1	2	0	1	2	204
PRIOR 2021 REPORTING YEAR TOTAL	125	17	30	5	10	3	0	1	5	2	2	0	0	1	201

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMP 2022 EMPLOYER	Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024									
	SECTION A – T	TYPE OF REPORT	l .							
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	)							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE							
JL93233		GPI TN KINGSTON SPRINGS								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
167 LUYBE	N HILLS RD	KINGSTON SPRINGS	TN	37082						
		ENTIFICATION NUMBER (EIN) 1772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE								
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor	)						
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fe	deral Contracto	or)						
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)							
·	SECTION G - NA	ICS INFORMATION	•							

# 322130 - Paperboard Mills SECTION H - WORKFORCE DEMOGRAPHIC DATA

	01	201101	1	· OIGH	ONCE	DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	8	0	0	0	0	0	2	0	0	0	0	0	10
Professionals	0	0	1	0	0	0	0	0	1	0	1	0	0	0	3
Technicians	0	0	1	0	0	0	0	0	3	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	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	39	1	0	0	0	0	9	0	0	0	0	0	49
Laborers and Helpers	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	54	1	0	0	0	0	19	0	1	0	1	0	76
PRIOR 2021 REPORTING YEAR TOTAL	1	3	59	1	0	0	0	0	20	0	1	0	0	0	85

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024									
	SECTION A - T	TYPE OF REPORT								
	ESTABLISH	MENT REPORT								
SECTION B - EMPLOYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME	_							
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC	;							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
CC95381		GPI GA STONE MOUNTAIN								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
5853 E. PONCE D	E LEON AVENUE	STONE MOUNTAIN	GA	30083						
		ENTIFICATION NUMBER (EIN) 0772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE								
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)										
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)									
	X YES (One or More	Non-Headquarters Establishments is Federal Con	itractor)							
SECTION G - NAICS INFORMATION										

322211 - Corrugated and Solid Fiber Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	- 51	201101	111 ,	· OILIII	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	1	0	10	5	1	0	0	0	0	2	0	0	0	0	19
Professionals	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	1	0	4	8	0	0	0	2	0	1	0	0	0	0	16
Operatives	6	3	20	88	6	1	0	0	8	36	0	0	0	0	168
Laborers and Helpers	0	1	3	11	3	0	0	1	8	10	2	0	0	1	40
Service Workers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
CURRENT 2022 REPORTING YEAR TOTAL	8	4	40	113	10	1	0	3	19	49	3	0	0	1	251
PRIOR 2021 REPORTING YEAR TOTAL	9	5	45	118	5	1	0	2	17	47	3	0	0	1	253

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	EO-I COMPONENT I)		on Date: 08/31/2024
		TYPE OF REPORT IMENT REPORT		
		OYER IDENTIFICATION		
OFS COMPANY ID	SECTION B - EMPLO	EMPLOYER NAME		
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
HZ83171		GPI TN LEBANON		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1442A TOSH	HIBA DRIVE	LEBANON	TN	37087
		ENTIFICATION NUMBER (EIN) 0772929		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	gible to File) <b>NO</b> (Employer Is Not	Eligible to File)	R IN BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  II): UNAVAILABLE		
□ x700 (0' 1 D : 11'	1	V veconties and the	10	

☐ 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
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	3	1	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	1	0	5	1	0	0	0	1	1	0	0	0	0	0	9
Operatives	3	0	14	2	0	0	0	1	3	1	0	0	1	0	25
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	0	26	5	0	0	0	2	8	1	0	0	1	0	47
PRIOR 2021 REPORTING YEAR TOTAL	3	1	26	3	0	0	0	3	6	0	0	0	0	0	42

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		on Date: 08/31/2024
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JL93224		GPI NC RANDLEMAN		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4139 (	JS311	RANDLEMAN	NC	27317
		ENTIFICATION NUMBER (EIN) 0772929		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	ESS

## SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322130 - Paperboard Mills

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	, 011111	ORCE	DEMO	Race/E								
			,												
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	2	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	2	30	9	0	0	1	1	4	0	1	0	0	0	48
Laborers and Helpers	0	0	1	2	0	0	1	0	4	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	2	35	11	0	0	2	1	10	2	1	0	0	0	64
PRIOR 2021 REPORTING YEAR TOTAL	0	3	40	12	0	0	0	1	10	1	0	0	0	0	67

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

## 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	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;	
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JL93215		GPI NE OMAHA		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4200 S 121	ST PLAZA	ОМАНА	NE	68137
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		_

840772929

### 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)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) X 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

322130 - Paperboard Mills

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- 51	201101	111 ,	OIGH	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	11	0	1	0	0	0	6	0	0	0	0	0	18
Professionals	0	0	4	0	0	0	0	0	3	0	0	0	0	0	7
Technicians	2	0	3	1	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	7	0	0	0	0	1	11
Craft Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Operatives	8	4	117	10	1	0	2	1	30	4	0	0	0	1	178
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	10	4	140	11	2	0	2	1	48	4	0	0	0	2	224
PRIOR 2021 REPORTING YEAR TOTAL	34	20	144	5	1	0	1	1	43	3	0	0	0	0	252

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

### 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

2022 EMI LOTER IN	I OKWI	ATIO	N KEI	OKI (	EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 08/31/	2024
				TON A							•				
				STABLI											
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		<b>TION</b> OYER N	AME						
					CDAD	LIIC DA				TIONAL	INIC				
P610872					GRAP	HIC PA	CKAGI	NG IN	EKNA	HONAL	- IINC				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DDE
1500 RIVEREDGE F	PARKWA	AY NW					Α	TLANT	Ά			GA		3032	28
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
LX76540						(	GPI OH	I NOR	WALK						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
209 REPUBI	LIC ST.						N	ORWAI	_K			ОН		4485	57
	SECTI	ON D -	EMPI	LOYER	IDENT 340772	FIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	UNAVA	ILABLE								
☐ YES (Single-Establishm	nent Emp	loyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (	Haadana	rtore is I	Fadaral	Contrac	tor) 🚺	VFC (N	on Head	lauartar	e Establ	ichment	ic Fadar	al Contr	actor)		
I IES	neauqua							_					actor)		
						_			ments i	s Federa	l Contra	actor)			
	22			NG-N					urina						
				gated ar VORKF											
			111 /	· OILIII	ORCL		Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale		Порил			Fen	nale			
												_			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		<b>a</b>		Black or African American		iiai Sla	nerican Indian Alaska Native	Ra		Black or African American		iiai Sla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	Na Ic I	Inc Na	ore	White	Black or	Asian	wa Ic I	Na Na	ore	Total
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						<b>~</b> 5	1	-				~ ō	1	-	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
DRIOR 2021 REPORTING VEAR TOTAL	1	0	22	1	n	0	0	0	Q	0	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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

•	CO-1 COMPONENT 1)		on Date: 08/31/2024	
		YPE OF REPORT MENT REPORT		
OFS COMPANY ID	SECTION B - EMPLO	OYER IDENTIFICATION  EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
		SHMENT-LEVEL IDENTIFICATION (if appl		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſΕ	
LX76513		GPI MA LOWELL		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
164 MEADOV	VCROFT ST.	LOWELL	MA	08153
		ENTIFICATION NUMBER (EIN) 0772929		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE		
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)	
·	SECTION C NA	ICS INFORMATION		

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	6	0	23	3	5	0	0	1	0	0	1	0	0	0	39
Laborers and Helpers	2	8	6	0	1	0	0	0	7	0	2	0	0	0	26
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	8	41	3	6	0	0	1	12	0	3	0	0	0	82
PRIOR 2021 REPORTING YEAR TOTAL	8	8	45	3	5	0	0	0	11	0	4	0	0	0	84

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		trol Number: 3046-0049 fon Date: 08/31/2024
		TYPE OF REPORT		
		IMENT REPORT		
OPG GOLDLINVE	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID P610872	GI	EMPLOYER NAME RAPHIC PACKAGING INTERNATIONAL INC	;	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
7748851		GPI NH CONCORD		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
80 COMMERC	CIAL STREET	CONCORD	NH	03301
		ENTIFICATION NUMBER (EIN) 0772929		
	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 BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u> : UNAVAILABLE		
YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)	

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VUKKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fer	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	6	0	0	0	0	0	0	0	0	0	0	0	6
First/Mid-Level Officials and Managers	1	0	40	1	0	0	0	0	32	1	0	1	0	1	77
Professionals	0	0	34	0	2	0	0	0	19	0	1	0	1	2	59
Technicians	0	0	6	0	0	0	0	0	5	0	0	0	0	0	11
Sales Workers	0	1	23	0	0	0	0	0	16	1	0	0	0	0	41
Administrative Support Workers	0	1	7	0	0	0	0	0	20	1	0	0	0	0	29
Craft Workers	0	0	5	0	0	0	0	0	1	0	0	0	0	1	7
Operatives	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
		•	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	U	U	•										
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		_				0	0	0	93	3	0	0	0	0 4	237

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER IN	FORM	OMB Control Number: 3046- Expiration Date: 08/31/20:																	
				TON A							1								
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION											
OFS COMPANY ID								OYER N	AME										
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	INC								
ADDRESS							CI	TY/TOW	/N			STATE ZIP CODE							
1500 RIVEREDGE F	ARKWA	AY NW					Α	TLANT	A			GA		3032	28				
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	fapplica	plicable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME	ME							
GV91691						GP	I NJ W	AYNE (	CARTO	N									
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VΝ			STATE ZIP COD							
5 HAUL F	RD.						١	NAYNE				NJ	70						
	SECTI	ON D -	EMPI	LOYER	IDENT 340772		TION N	UMBE	R (EIN	)									
		SECTION	ON E -	EMPL			ELIGI	BILITY	Ÿ										
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUSI	INESS						
	CTION			-															
SE	CIION			tity ID (					паррис	aoic)									
☐ YES (Single-Establishn	ent Emp		-						ent Em	nlover is	Federal	l Contra	ctor)						
<del>-</del> · · ·	-	•																	
X YES (I	Headquai							•					actor)						
		XY	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)							
				ON G - North					,										
	SE			VORKE															
							Race/E	thnicity	У										
	Hisp	anic					Not	Hispan	ic or L	atino									
	or La	atino			М	ale					Fen	nale							
								"											
				Ę		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races					
JOB CATEGORIES		•		Black or African American		iiar sla	liar tive	Ra		Black or African American		iiar sla	liar tive	Ra	Row				
	Male	Female	White	ck or Afric American	Asian	wa Ic I	Inc Na	ore	White	Black or an Amer	Asian	wa Ic I	Pa Na	ore	Total				
	M	ē	×	nei	Asi	Ha acif	an ka	ĕ	×	lac n A	Asi	E H	an ka	ĕ					
		ш		Ack		å ⊊	eric Ias	ō		B Ca	,	å ⊊	eric las	ō					
				Bi		lati he	M A	ΜO		Afr		lati he	¥	Μ̈́					
						<b>∠</b> ŏ	1	_				2 g	1	_					
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	2	0	4	2	0	0	0	1	0	2	0	0	0	0	11				
Professionals	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3				
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Administrative Support Workers	0	1	2	0	0	0	0	0	2	1	0	0	0	0	6				
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2				
Operatives	28	7	18	7	0	1	0	4	0	0	0	0	0	0	65				
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

SECTION I - WORKFORCE SNAPSHOT PERIOD

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

-	Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024								
	SECTION B – EMPLO								
P610872	G	RAPHIC PACKAGING INTERNATIONAL INC	•						
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE					
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328					
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if app	icable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	Œ								
CI94843 GPI MI BATTLE CREEK MILL									
HEADQUARTERS OR ESTABLIS	STATE	ZIP CODE							
79 E. FOUNT	MI	49017							
			•						
		· · - · - · · · · · · · · · · · · · · ·							
X YES (Employer Is Elis	2-00-1		R IN BUSINE	SS					
		<u> </u>	THI DODING	35					
☐ YES (Single-Establi	shment Employer is Federal Contractor	) X YES (Multi-Establishment Employer is Federal	eral Contractor	)					
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fe	deral Contracto	r)					
1500 RIVEREDGE PARKWAY NW  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVE		Non-Headquarters Establishments is Federal Con	ntractor)						

# SECTION G – NAICS INFORMATION 322211 - Corrugated and Solid Fiber Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL	6	4	146	22	1	0	0	5	19	3	0	0	0	2	208

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  Revised 08/2023  OMB Control Number: 30 Expiration Date: 08/31									nber: 304										
			SECT	ION A	- TYPI	E OF R	EPORT													
			ES	STABLI	SHME	NT REF	PORT													
		SECT	ION B	– EMP	LOYE	R IDEN														
OFS COMPANY ID								OYER N												
P610872					GRAP	HIC PA				TIONAL	INC									
ADDRESS							Cl	TY/TOW	/N			STATE ZIP CODI								
1500 RIVEREDGE PA	ARKWA	AY NW					Α	TLANT	Ά			GA		3032	28					
SECTION C – HE	ADQU.	ARTEI	RS OR									ıble)								
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					-LEVEL	NAME									
LX76504							GPI GA													
HEADQUARTERS OR ESTABLISHME								TY/TOW				STATE	DE							
1069 NE ATLANTA INI	DUSTR	IAL DR	₹.				M	ARIETT	ГА			GA		3006	66					
	SECTIO	ON D -	EMPI	LOYER	IDENT 340772		TION N	UMBE	R (EIN	)										
	S	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y											
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	ot Elig	ible to F	ile) 🔲	EMPLO	OYER I	NO LON	GER I	N BUSI	NESS							
SEC	CTION			L CONT					f applic	able)										
☐ YES (Single-Establishme	ent Emp		_						ent Em	ployer is	Federal	l Contra	ctor)							
X YES (H	leadquar	ters is I	Federal	Contrac	tor) 🔀	YES (N	lon-Head	dquarter	s Establ	ishment i	s Feder	al Contr	actor)							
						•			ments i	s Federal	Contra	actor)								
	32			NG-N pated ar					ırina											
				VORKE																
							Race/E	thnicity	/											
	Hisp	anic					Not	Hispan	ic or L	atino										
	or La	atino		1	M	ale	1				Fen	nale								
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	merican Indian or Alaska Native	wo or More Races	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	ımerican Indian or Alaska Native	wo or More Races	Row Total					

							Race/E	trinicity	<i>y</i>						1
	Hispanic Not Hispanic or Latino														1
	or La	atino			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	0	0	7	1	1	0	0	0	1	1	0	0	0	0	11
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	1	0	0	0	0	1	1	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	18	26	1	0	0	1	1	3	0	0	0	0	52
Laborers and Helpers	0	5	2	1	1	0	0	0	1	0	4	0	0	1	15
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	6	28	29	3	0	0	1	4	5	4	0	0	1	83
PRIOR 2021 REPORTING YEAR TOTAL	2	4	27	26	6	0	0	0	4	4	4	1	0	0	78

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

OMB Control Number: 3046-0049

			Expiration	n Date: 08/31/2024								
	SECTION A - T	YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC												
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if app	olicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAI	ME									
HZ83092		GPI TN MEMPHIS OFFICE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
6775 LENOX CENTER COURT MEMPHIS TN 38115												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												
840772929												
SECTION E – EMPLOYER FILING ELIGIBILITY												
V VEC/E 1 I EU	"11 / E"1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EL TI CETA EMPLOYED NO LONGI	D IN DISCINIC	aa								

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): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	25	0	0	0	0	0	7	1	0	0	0	0	33
Professionals	0	1	14	0	1	0	0	0	9	8	0	0	0	0	33
Technicians	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Sales Workers	0	1	14	0	0	0	0	0	3	0	1	0	0	0	19
Administrative Support Workers	0	0	2	2	0	0	0	0	11	6	0	0	0	0	21
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	2	57	2	1	0	0	0	30	16	1	0	0	0	109
PRIOR 2021 REPORTING YEAR TOTAL	1	1	44	3	1	0	0	0	43	17	0	0	0	0	110

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0049 Expiration Date: 08/31/2024  SECTION A – TYPE OF REPORT										
	SECTION A – T	YPE OF REPORT									
	ESTABLISH	MENT REPORT									
070 001 071 171	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME	_								
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC	;								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
CI94807		GPI OH MARION									
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1171 W. CEN	TER STREET	MARION	ОН	43302							
		ENTIFICATION NUMBER (EIN) 1772929									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) $\square$ NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE											
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)											
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	etor)							
X YES (One or More Non-Headquarters Establishments is Federal Contractor)											

## SECTION G - NAICS INFORMATION 322211 - Corrugated and Solid Fiber Box Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	3	0	15	0	0	0	0	0	3	0	0	0	0	0	21
Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	12	0	0	0	0	1	0	0	0	0	0	0	13
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	1	0	5	1	0	0	0	1	2	0	0	0	0	0	10
Operatives	14	5	124	8	0	0	3	5	56	2	0	0	3	0	220
Laborers and Helpers	0	0	5	0	0	0	0	0	4	0	0	0	0	0	9
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	18	6	165	9	0	0	3	7	68	2	0	0	3	0	281
PRIOR 2021 REPORTING YEAR TOTAL	20	7	162	10	0	0 E CNIA D	1	3	52	3	0	0	3	0	261

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Revised 08/2023 OMB Control Number: 3046-0049				
2022 EMPLOYER IN	SECTION A – TYPE OF REPORT  ESTABLISHMENT REPORT												ation Dat		
			SECT	ION A	– TYPI	E OF R	EPORT								
			E	STABLI	SHME	NT REF	PORT								
		SECT	ION B	-EMP	LOYE	R IDEN	TIFICA								
OFS COMPANY ID								OYER N							
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	. INC				
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
1500 RIVEREDGE P	ARKWA	Y NW					Α	TLANT	Ά			GA		3032	28
SECTION C - HI	EADQU.	ARTEI	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
T086810							GPI (	SA PEF	RRY						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CITY/TOWN STATE ZIP COL				DE				
905 W. PERRY P	PARKWAY PERRY GA 31069									<del>5</del> 9					
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929														
	S	ECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUSI	NESS		
SEC	CTION						SIGNA'		if applic	able)					
YES (Single-Establishm	ent Emp		•						nent Em	ployer is	Federal	l Contra	ctor)		
X YES (H	Ieadquar	ters is I	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establ	ishment i	s Feder	al Contr	actor)		
	•	XY	ES (Or	ne or Mo	ore Non	-Headqı	arters E	establish	ments i	s Federal	l Contra	actor)			
							MATIC								
	OTC.						Manuf								
	SE	CHON	NH – V	VORKE	ORCE		GRAPI								1
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	or La				М	ale	NOL	пізраіі	OI L	auno	Fen	nale			
	Ī														
				_		o der	ō	es		_		or	ō	es	
IOD OATEOODIEG				car		a a	an	Rac		<u> </u>		an Ian	an ve	kac	Row
JOB CATEGORIES	a	<u>e</u>	<u>g</u>	∆fri can	٩	vaii	ndi Jati	è.	<u>e</u>	ner	۽	vaii c Is	ndi Iati	e F	Total
	Male	Female	White	k or African merican	Asian	Hawaiian or acific Islander	can Indian or ska Native	. More Races	White	llack or ın American	Asian	Hawaiian or acific Islander	can Indian ska Native	More Races	

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	23	3	0	0	0	0	2	0	0	0	0	0	28
Professionals	0	0	6	2	0	0	0	0	1	1	0	0	0	0	10
Technicians	0	0	2	2	0	0	0	1	1	6	0	0	0	0	12
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2
Craft Workers	0	0	34	7	0	0	0	1	1	0	0	0	0	0	43
Operatives	3	1	84	113	0	1	0	3	10	46	1	0	0	0	262
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	1	150	127	0	1	0	5	15	54	1	0	0	0	357
PRIOR 2021 REPORTING YEAR TOTAL	3	1	140	117	0	1	0	4	14	50	2	0	0	1	333

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022

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

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

2022 EMPLOYER	2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											
	SECTION A - 7	ΓΥΡΕ OF REPORT										
	ESTABLISH	IMENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC												
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HI	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ									
G030771		GPI LA WEST MONROE BEVERAGE										
HEADQUARTERS OR ESTABLISI	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1070 JONESE	BORO ROAD	WEST MONROE	LA	71292								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929												
SECTION E – EMPLOYER FILING ELIGIBILITY												
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS								
	SECTION F - FEDERAL CONTR	ACTOR DESIGNATION (if applicable)										

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	IIC DA	IA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	5	0	0	0	0	0	11	0	0	0	0	0	16
Professionals	0	0	3	0	0	0	0	0	6	3	0	0	0	0	12
Technicians	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	13	1	0	0	0	0	15
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	11	4	0	0	0	0	0	0	0	0	0	0	15
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	25	4	0	0	0	0	30	4	0	0	0	0	63
PRIOR 2021 REPORTING YEAR TOTAL	0	0	24	3	0	0	0	0	26	5	0	0	0	0	58

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049

			Expiration	on Date: 08/31/2024								
	SECTION A -	TYPE OF REPORT										
	ESTABLIS	SHMENT REPORT										
SECTION B - EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC												
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C -	HEADQUARTERS OR ESTABI	LISHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	I	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
CI94751		GPI IL ELK GROVE VILLAGE WESTFIELD										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1900 GREENLEAF AVENUE ELK GROVE VILLAGE IL 60007												
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929												
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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322211 - Corrugated and Solid Fiber Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5r	CHON	$\mathbf{H} - \mathbf{v}$	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
Professionals	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	1	0	0	0	0	1
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	39	4	12	11	3	0	0	3	0	1	0	0	0	0	73
Laborers and Helpers	2	15	0	1	1	0	0	1	1	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	44	21	20	12	4	0	0	4	1	2	0	0	0	0	108
PRIOR 2021 REPORTING YEAR TOTAL	61	24	22	13	4	0	0	1	2	2	0	0	0	0	129

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN												OMB C	ontrol Nu ation Dat	mber: 304	
				TON A											
		SECT	ION B	– EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BLUI	10112	23,711	LOIL	K IDE.		OYER N	AME						
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	INC				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1500 RIVEREDGE PA	ARKW <i>A</i>	AY NW						TLANT				GA		3032	
SECTION C – HE			DE OD	ECTAD	I ICIIA	AENT I				CIONI (:4	Famulias			0002	
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKILI	NO OK	ESTAD	LISTIV HEADO	UARTEI	RS OR ES	TABLIS	HMENT	LION (II	NAME	ibie)			
GV91646					v		A VANO								
HEADQUARTERS OR ESTABLISHME	NT LEV	EL ADD	DECC			0		TY/TOW				STATE		ZIP CO	DE
900 SE TECH CE			KESS					NCOUV				WA		9868	
												VVA		9000	
	SECTI	ON D –	EMPI	OYER.	IDENT 340772		TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPL	OYER :	FILING	ELIGI	BILITY	ľ						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	YER I	NO LON	IGER I	N BUSI	INESS		
SEC	TION	F – FEI	DERAI	CONT	RACT	OR DE	SIGNA	TION (i	f applic	able)					
~				tity ID (						/					
☐ YES (Single-Establishm	ent Emp	lover is	Federa	l Contrac	ctor) X	YES (N	Multi-Es	tablishm	ent Em	plover is	Federal	Contra	ctor)		
<del>-</del> · · ·	nent Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
X YES (F	eadquai	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	ctor)			
				N G – 1											
	O.E.	32221	2 - Fo	lding Pa	perboa	ard Box	Manufa	acturing	T.A						
	SE	CHON	H – V	VUKKF	ORCE		Race/E								
	Hisp	anic						Hispan	,	atino					
	or La				М	ale	NOL	пізран	IC OI L	auno	Fen	nale			
	0	41110				<u> </u>									
						≥ je	-	S				or der	ō	Ś	
				an		auc	ın o	асе		car		anc an	ın o	ace	Row
JOB CATEGORIES		<u>e</u>	o)	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	o)	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Two or More Races	Total
	Male	Female	White	ck or Afric American	Asian	aw	n R	lor	White	Black or an Amer	Asian	aw	n R	<u>0</u>	
	2	Fel	>	k o	ĕ	ac ac	ical	Ϋ́	8	3la an	ĕ	ac H	ical	ž	
				lac A		i F	neri Ala	0 0		ric		iž F	neri Ala	0	
				В		Na	An'	×		¥		Na th	An'	≥	
														-	
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	0	1	7	0	0	0	0	1	3	0	1	0	0	0	13
Professionals Technicians	0	0	3	0	0	0	0	0	3 0	0	0	0	0	2	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	2	0	0	0	1	4	0	0	0	0	0	8
Craft Workers	0	0	2	1	0	0	0	1	0	0	0	0	0	0	4
Operatives Laborers and Helpers	11 0	7	30 0	0	10 0	0	0	5 0	8	0	0	0	0	0	85 1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

12152022 - 12312022

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT  Revised 08/2023  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									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC									
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HZ83061		GPI CA VISALIA									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1600 KELS	SEY ROAD	VISALIA	CA	93278							
		ENTIFICATION NUMBER (EIN) 1772929									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE											
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)											
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contrac	etor)							
X YES (One or More Non-Headquarters Establishments is Federal Contractor)											
SECTION C _ NAICS INFORMATION											

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	( II – V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	4	6	1	0	0	0	0	4	0	1	0	0	0	21
Professionals	1	2	0	0	0	0	0	0	2	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	0	0	0	0	0	0	0	1	0	0	0	0	1	4
Craft Workers	8	3	5	0	0	0	0	1	0	0	0	0	0	0	17
Operatives	136	56	44	3	12	2	4	22	12	3	4	0	0	8	306
Laborers and Helpers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	153	65	55	4	12	2	4	23	19	3	5	0	0	9	354
PRIOR 2021 REPORTING YEAR TOTAL	172	67	35	2	12	1	0	2	16	3	5	0	0	1	316

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	1									
SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT										
SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
P610872	P610872 GRAPHIC PACKAGING INTERNATIONAL INC									
ADDRESS CITY/TOWN STATE ZIP CODE										
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ							
HZ83126		GPI LA MONROE OPERATIONS								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1000 JONESBORO ROAD WEST MONROE LA 71294										
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929										
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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	111 - V	OKKI	OKCE	DEMO									
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	19	4	0	0	0	1	7	2	0	0	0	0	33
Professionals	0	0	7	1	1	0	0	0	1	1	0	0	0	0	11
Technicians	0	0	26	6	0	0	0	1	2	3	0	0	0	0	38
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	2	1	0	0	0	0	6
Craft Workers	1	0	17	3	0	0	0	0	0	0	0	0	0	0	21
Operatives	1	0	107	114	0	1	0	1	3	18	0	0	1	0	246
Laborers and Helpers	0	0	0	2	0	0	0	0	0	1	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	179	130	1	1	0	3	15	26	0	0	1	0	358
PRIOR 2021 REPORTING YEAR TOTAL	2	2	175	129	2	1	0	4	14	24	0	0	0	0	353

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	EO-1 COMPONENT 1)		n Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT									
	ESTABLISHMENT REPORT										
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
P610872 GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328							
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
HC34325		GPI IN LITHOCRAFT									
HEADQUARTERS OR ESTABLISI	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1502 BE	ELER ST	NEW ALBANY	IN	47150							
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929										
SECTION E – EMPLOYER FILING ELIGIBILITY											
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) $\square$ EMPLOYER NO LONGE	R IN BUSINE	SS							
SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)											

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	1	0	0	0	0	0	6	0	0	0	0	0	7
Craft Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Operatives	0	0	6	2	0	0	0	0	1	0	0	0	0	0	9
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	16	2	0	0	0	0	9	0	0	0	0	0	27
			40												0.4
PRIOR 2021 REPORTING YEAR TOTAL	0	0 CECTIO	18	2 WODK	0 EODCI	O		0	11	0	0	0	0	0	31

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	Lapitatio	on Date: 00/31/2024									
SECTION A – TYPE OF REPORT											
ESTABLISHMENT REPORT											
	SECTION B - EMPLOYER IDENTIFICATION										
OFS COMPANY ID	OFS COMPANY ID EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;								
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDG	1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ								
P117661		GPI GA MACON									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
100 GRAPHIC PACKAGING INTERNATIONA MACON GA 31206											
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929										

## 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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322130 - Paperboard Mills

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51		1	· OILIII	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	25	4	0	0	0	1	5	1	0	0	0	1	37
Professionals	1	0	38	11	0	1	0	0	10	4	0	0	0	0	65
Technicians	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
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	3	4	0	0	0	0	7
Craft Workers	0	0	94	20	0	0	2	0	0	0	0	0	0	0	116
Operatives	2	0	70	113	0	1	0	1	1	14	0	0	0	0	202
Laborers and Helpers	0	0	27	60	0	0	0	1	0	11	0	0	0	0	99
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	254	208	0	2	2	3	19	35	0	0	0	1	527
PRIOR 2021 REPORTING YEAR TOTAL	4	1	261	192	1	2	2	2	16	36	0	0	0	0	517

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

2022 EMPLOYER	OMB Cont	evised 08/2023 trol Number: 3046-0049 on Date: 08/31/2024								
		YPE OF REPORT MENT REPORT								
OFS COMPANY ID	SECTION B - EMPLO	OYER IDENTIFICATION  EMPLOYER NAME								
P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRESS CITY/TOWN STATE ZIP CODE										
1500 RIVEREDG	1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328									
		SHMENT-LEVEL IDENTIFICATION (if appl								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ							
7748895		GPI IL CENTRALIA								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
2333 S. WABA	ASH AVENUE	CENTRALIA	IL	62801						
		ENTIFICATION NUMBER (EIN) 1772929								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE								
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	or)						
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)										
	_ `	Non-Headquarters Establishments is Federal Cor	ntractor)							
	5-00	ICS INFORMATION erboard Box Manufacturing								

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16
Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	7	2	0	0	0	0	0	0	0	0	0	0	9
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	5	0	0	0	0	0	5
Craft Workers	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Operatives	0	0	90	13	0	0	0	3	12	1	0	0	0	1	120
Laborers and Helpers	0	0	12	5	0	0	0	1	6	0	0	0	0	0	24
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	129	20	0	0	0	4	29	1	0	0	0	1	184
PRIOR 2021 REPORTING YEAR TOTAL	2	1	130	23	0	0	0	1	27	1	0	0	0	0	185

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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

2022 EMPLOYER		trol Number: 3046-0049 on Date: 08/31/2024							
	SECTION A – T	YPE OF REPORT							
	ESTABLISH	MENT REPORT							
SECTION B – EMPLOYER IDENTIFICATION									
OFS COMPANY ID EMPLOYER NAME									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;						
ADDRESS CITY/TOWN STATE ZIP CODE									
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328									
		SHMENT-LEVEL IDENTIFICATION (if appl							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ						
HZ83153		GPI WI MENOMONEE FALLS							
HEADQUARTERS OR ESTABLISI	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
W158 N9278 NOR	X WAY AVENUE	MENOMONEE FALLS	WI	53051					
		ENTIFICATION NUMBER (EIN) 1772929							
	SECTION E – EMPLOY	ER FILING ELIGIBILITY							
X YES (Employer Is Elig	ible to File) $\square$ <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS					
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE									
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)					
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)									

SECTION G – NAICS INFORMATION
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

	5r	CHON	1 H – V	VOKKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	6	0	0	0	0	0	1	0	1	0	0	0	8
Professionals	0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
Technicians	0	0	10	0	1	0	0	0	1	0	0	0	0	0	12
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	20	0	2	0	0	0	2	0	1	0	0	0	25
PRIOR 2021 REPORTING YEAR TOTAL	0	0	21	0	1	0	0	0	2	1	1	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	CO-1 COMPONENT 1)	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024									
	SECTION A - T	YPE OF REPORT									
	ESTABLISHMENT REPORT										
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;								
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDG	1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328										
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
CC95334		GPI OH MIDDLETOWN									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
407 CHARL	ES STREET	MIDDLETOWN	ОН	45042							
		ENTIFICATION NUMBER (EIN) 1772929									
SECTION E – EMPLOYER FILING ELIGIBILITY											
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS							
SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)											

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322211 - Corrugated and Solid Fiber Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHO	4 11 — A	OKK	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	12	2	0	0	0	1	3	0	0	0	0	0	18
Professionals	0	0	5	0	0	0	0	0	2	0	1	0	0	0	8
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	1	0	0	0	0	4
Craft Workers	1	0	27	1	0	0	0	1	1	0	0	0	0	0	31
Operatives	0	0	59	4	0	0	0	0	3	1	0	0	0	0	67
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	10	2	0	0	0	1	0	0	0	0	0	0	13
CURRENT 2022 REPORTING YEAR TOTAL	1	0	117	9	0	0	0	3	11	2	1	0	0	0	144
PRIOR 2021 REPORTING YEAR TOTAL	1	0	116	7	0	0	0	1	12	2	0	0	0	0	139

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME									
P610872 GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
HZ83162		GPI SC CLEMSON DESIGN CENTER									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
155 OLD GREENVILLE HIGHWAY CLEMSON SC 29631											
		ENTIFICATION NUMBER (EIN) 0772929									
SECTION E EMDLOVED EILING ELIGIDILITY											

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): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Professionals	1	0	3	0	0	0	0	0	2	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	1	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	5	0	0	0	0	0	5	0	1	0	0	0	12
PRIOR 2021 REPORTING YEAR TOTAL	1	0	5	0	0	0	0	0	6	0	1	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 08/31/2024							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
P610872 GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328							
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
JL93242		GPI MI GRAND RAPIDS									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1957 BEVER	RLY AVE SW	GRAND RAPIDS	MI	49519							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929											
SECTION E – EMPLOYER FILING ELIGIBILITY											
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS							
	SECTION F – FEDERAL CONTRA	ACTOR DESIGNATION (if applicable)		•							

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

## 322130 - Paperboard Mills SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKF	OKCE										
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	6	0	0	0	0	1	1	0	0	0	0	0	8
Professionals	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	4	1	0	0	1	0	0	0	0	0	0	0	6
Operatives	9	5	39	4	0	0	0	1	7	0	0	0	0	0	65
Laborers and Helpers	9	0	9	5	0	1	0	3	5	1	0	0	0	0	33
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	18	5	62	10	0	1	1	6	16	1	0	0	0	0	120
PRIOR 2021 REPORTING YEAR TOTAL	17	8	64	9	0	0	1	4	16	1	0	0	0	0	120

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											OMB C	Revised ontrol Nuration Dat	mber: 30		
			SECT	ION A	- TYPI	E OF RE	EPORT				l				
			ES	STABLI	SHME	NT REP	ORT								
		SECT	ION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID					0040			OYER N		TIONIAL	INIO				
P610872					GRAP	HIC PA				HONAL	INC				
ADDRESS								TY/TOW				STATE		ZIP CO	
1500 RIVEREDGE PA	ARKW/	AY NW					A	TLANT	A			GA		3032	28
SECTION C - HE	ADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
GV91682						GPI	IA NE\			)N					
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CO	
1204 N. 15TH	AVE. E						N	EWTO	N			IA		5020	08
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929														
	SECTION E - EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	to File)	□NO	(Emplo	oyer Is N	lot Eligi	ble to Fi	ile) 🔲	EMPL(	OYER I	NO LON	IGER I	N BUSI	INESS		
		<u>Uni</u>	que En	tity ID (	<u>UEI)</u> :	OR DES	ILABLE								
☐ YES (Single-Establishme	ent Emp	loyer is	Federal	l Contra	ctor) 🔀	YES (N	Aulti-Es	ablishm	ent Em	oloyer is	Federal	l Contra	ctor)		
X YES (H	leadqua	rters is F	Federal	Contrac	tor) 🔀	YES (N	on-Head	lquarters	s Establi	shment	s Feder	al Contr	actor)		
		XY	ES (On	ne or Mo	re Non	-Headqu	arters E	stablish	ments is	Federa	Contra	actor)			
						INFORI			1						
	SE					DEMO									
							Race/E	-	•						
	Hisp						Not	Hispan	ic or L	atino					
	or Latino Male Female														
JOB CATEGORIES									Row Total						

								thnicity	•						
	Hispanic Not Hispanic or Latino														
	or L	atino			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	1	0	12	1	0	0	0	0	6	0	0	0	0	0	20
Professionals	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	1	0	0	0	0	1	1	0	0	0	0	4
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	3	0	70	3	1	0	0	2	8	1	0	0	1	0	89
Laborers and Helpers	1	3	17	3	0	0	0	0	10	1	0	0	2	3	40
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	5	3	109	8	1	0	0	2	28	3	0	0	3	3	165
PRIOR 2021 REPORTING YEAR TOTAL	17	11	109	6	0	1	0	2	26	5	0	0	0	0	177

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

•	EO-1 COMPONENT 1)	OMB Cont	evised 08/2023 trol Number: 3046-0049 fon Date: 08/31/2024								
		TYPE OF REPORT									
		IMENT REPORT									
OFG COMPANY ID	SECTION B - EMPLO	DYER IDENTIFICATION  EMPLOYER NAME									
OFS COMPANY ID P610872	GF	EMPLOYER NAME RAPHIC PACKAGING INTERNATIONAL INC	<b>)</b>								
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDGI		ATLANTA	GA	30328							
SECTION C – HEADOUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
LX76496 GPI NC WINSTON SALEM											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
320 WEST HAN	320 WEST HANES MILL Road WINSTON SALEM NC 27105										
		ENTIFICATION NUMBER (EIN) 0772929									
	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 BUSIN	ESS							
		ACTOR DESIGNATION (if applicable)									
	Unique Entity ID (UE	<u> </u>									
☐ <b>YES</b> (Single-Establish	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)							
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											
	X YES (One or More	Non-Headquarters Establishments is Federal Con	itractor)								
		ICS INFORMATION									
	<u> </u>	erboard Box Manufacturing RCE DEMOGRAPHIC DATA									
	SECTION WORKEON	Decel File de la la la la la la la la la la la la la									

	51		111 /	, 011111	ORCL	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			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	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	4	4	0	0	0	0	2	0	0	0	0	0	10
Professionals	0	1	3	0	0	0	0	0	2	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	1	0	0	0	0	0	6	1	0	0	0	0	8
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	6	2	20	18	0	0	1	0	2	1	0	0	0	0	50
Laborers and Helpers	3	7	2	5	0	3	0	0	5	4	0	0	0	1	30
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	10	33	27	0	3	1	0	17	6	0	0	0	1	107
PRIOR 2021 REPORTING YEAR TOTAL	11	7	35	16	0	2	0	0	12	7	0	0	0	0	90

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2022 - 12/31/2022

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

OMB Control Number: 3046-0049

2022 EMI EO 1 EM	I (I OIL) III (III (III (III (III (III (III (I	or com or entry	Expiratio	n Date: 08/31/2024							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISH	IMENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
P610872 GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
HZ83043		GPI TX TEXARKANA MILL									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
9978 FM R	OAD 3129	QUEEN CITY	TX	75572							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929											
SECTION E – EMPLOYER FILING ELIGIBILITY											
X YES (Employer Is Elig	rible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS							
	SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)										

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	IIC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	50	2	0	0	0	0	5	1	0	0	0	0	58
Professionals	0	0	56	10	0	0	0	1	7	2	0	0	0	0	76
Technicians	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	7	0	1	0	0	0	5	2	0	0	0	0	16
Craft Workers	0	0	21	12	0	0	0	2	1	3	0	0	0	0	39
Operatives	7	1	351	143	0	1	1	6	11	28	0	0	0	1	550
Laborers and Helpers	1	0	24	19	0	0	0	3	5	7	0	0	0	1	60
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	2	509	186	1	1	1	12	34	45	0	0	0	2	801
PRIOR 2021 REPORTING YEAR TOTAL	11	2	540	189	0	1 E CNIA D	1	12	34	46	0	1	0	0	837

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049

2022 EMI EQ 1 EN	THORMATION REPORT (ET	20-1 COMI ONEMI I)	Expirati	on Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	MENT REPORT										
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC												
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
JL93206		GPI IL ELGIN										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1975 BIG TIMBER RD ELGIN IL 60123												
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929											
	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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

## 322130 - Paperboard Mills SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	$\mathbf{H} - \mathbf{v}$	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	4	0	0	0	0	0	5
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	3	1	11	0	0	0	0	0	1	0	0	0	0	0	16
Laborers and Helpers	4	5	0	0	0	0	0	0	4	0	0	0	0	0	13
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	7	6	15	0	0	0	0	0	12	0	0	0	0	0	40
PRIOR 2021 REPORTING YEAR TOTAL	6	9	18	0	0	0	0	0	9	0	0	0	0	0	42

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0045 Expiration Date: 08/31/2024										
	SECTION A - T	YPE OF REPORT								
	ESTABLISH	MENT REPORT								
SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRESS CITY/TOWN STATE ZIP CODE										
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ							
HZ83135		GPI OH XENIA								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1439 LAVE	LLE DRIVE	XENIA	ОН	45385						
		ENTIFICATION NUMBER (EIN)								
		772929								
		ER FILING ELIGIBILITY								
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS						
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE										
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)						
X VES (Headquarters is Federal Contractor) X VES (Non-Headquarters Establishment is Federal Contractor)										

SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing

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

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	5	0	0	0	0	0	5
Craft Workers	0	0	1	0	0	0	0	2	0	0	0	0	0	0	3
Operatives	1	0	22	4	0	1	0	0	0	0	0	0	0	0	28
Laborers and Helpers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	31	4	0	1	0	2	12	0	0	0	0	0	51
PRIOR 2021 REPORTING YEAR TOTAL	1	0	32	4	0	1	1	2	11	0	0	0	0	0	52

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-004 Expiration Date: 08/31/2024										
	SECTION A - T	YPE OF REPORT								
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	YER IDENTIFICATION								
OFS COMPANY ID EMPLOYER NAME										
P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRESS CITY/TOWN STATE ZIP CODE										
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328										
		SHMENT-LEVEL IDENTIFICATION (if appl								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
JL93194		GPI IN AUBURN								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1201 GRANI	OSTAFF DR.	AUBURN	IN	46706						
		ENTIFICATION NUMBER (EIN) 772929								
	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 BUSIN	ESS						
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE									
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)						
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)						
X VFS (One or More Non-Headquarters Establishments is Federal Contractor)										

### SECTION G - NAICS INFORMATION 322130 - Paperboard Mills SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian Asian White Male Two or I 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** PRIOR 2021 REPORTING YEAR TOTAL 

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 1231202

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

OMB Control Number: 3046-0049

Expiration Date: 08/31/2024												
	SECTION A - T	YPE OF REPORT										
	ESTABLISHMENT REPORT											
	SECTION B - EMPLO	YER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC										
ADDRESS CITY/TOWN STATE ZIP CODE												
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328								
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>Ι</b> Ε									
HZ83144		GPI SC PROSPERITY										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
139 SC HIGHWAY 773 PROSPERITY SC 29127												
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929											

## 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) Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322212 - Folding Paperboard Box Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHO	4 11 — A	OKK	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	8	0	0	1	0	0	0	0	0	0	0	15
Laborers and Helpers	0	0	8	6	1	0	0	0	2	4	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	21	14	1	0	1	0	7	4	0	0	0	0	48
PRIOR 2021 REPORTING YEAR TOTAL	0	0	20	13	1	0	1	0	9	3	0	0	0	0	47

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0045 Expiration Date: 08/31/2024										
	SECTION A - T	YPE OF REPORT								
	ESTABLISH	MENT REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328						
SECTION C -	HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E							
X224242		GPI MI KALAMAZOO MILL								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1500 N. PITC	HER STREET	KALAMAZOO	MI	49007						
		ENTIFICATION NUMBER (EIN) 1772929								
	SECTION E - EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	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> : UNAVAILABLE									
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)										

# SECTION G - NAICS INFORMATION 322130 - Paperboard Mills ON 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)

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino				-	
	or La	atino			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	3	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	1	0	45	2	0	0	0	1	7	1	0	0	0	0	57
Professionals	0	0	36	1	0	0	0	2	5	1	1	0	0	2	48
Technicians	0	0	42	10	0	0	0	0	1	2	0	0	0	0	55
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	8	0	0	0	0	0	8	2	0	0	0	0	18
Craft Workers	1	0	20	1	1	0	0	2	0	1	0	0	0	0	26
Operatives	6	1	144	41	1	0	1	10	8	7	0	0	0	0	219
Laborers and Helpers	0	0	14	33	0	0	0	5	0	4	0	0	0	1	57
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	1	312	88	2	0	1	20	29	18	1	0	0	3	483
PRIOR 2021 REPORTING YEAR TOTAL	21	2	286	65	4	0	1	12	30	12	1	0	0	3	437

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 1231202

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

Expiration Date: 08/31/2024										2024					
			SECT	TION A	- TYP	E OF RI	EPORT								
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	_ INC				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
1500 RIVEREDGE	PARKW	AY NW					А	TLANT	Δ.			GA		3032	
SECTION C -1				FCTAR	I ICHN	/FNT-I				FION (i	fannlier				
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	NO OK							Γ-LEVEL		ibie)			
AV11496					`	•	I BATT								
	CENTER LEX	TEL ADI	DECC		-1	01111						CITE A ITEM	-	ZID CO	DE
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CO	
79 FOUNTAIN	STREET	E					BAT	TLE CR	KEEK			MI		4901	17
	SECTI	ON D -	-EMPI	LOYER	IDENT 340772		TION N	UMBE	R (EIN	)					
		SECTI	ON F -	EMPL			FI ICI	BII ITY	V						
X YES (Employer Is Eligib										NO LON	NGER I	IN BUS	INESS		
		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
5.	LCTION.	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE													
□ ¥700 (0) 1 E (11)	. 10														
		ent Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  leadquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)													
X YES	(Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		XY	ES (O	ne or Mo	re Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
				)N G - N		_						,			
	32	2211 -	Corrug	gated ar	nd Solid	d Fiber I	Box Ma	nufactu	ıring						
	SE	CTION	N H – V	VORKF	ORCE										ı
			1				Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			IV	ale					Fer	nale			
						- e	_	s				- e	_	s	
	Į į			au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	
JOB CATEGORIES		an an		Black or African American		iia Isla	nerican Indian Alaska Native	R		eric		iia	American Indian Alaska Native	Re	Row Total
	Male	Female	White	ck or Afric American	Asian	ic wa	la Na	ore	White	Black or an Amer	Asian	Na Ic	ĕ ĕ	ore	Total
	Ĕ	e.	<b>\$</b>	ne l	Asi	H Ha	anka	Ĕ	\ \frac{1}{2}	lac n ⊿	Asi	H Ha	ka	Ĕ	
		ш.		A Ck		e e	eric las	or	_	B		e ë	aric las	or	
				B		ati	A A	۸o		۸fr		ati	ک کے ا	۸o	
						Z 2	⋖	ŕ				Z 2	⋖	ŕ	
Franchisco (Considerational Officials and Management			•	_		_		•	_		•	_	_		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0														
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

Service Workers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

12152022 - 12312022

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  Revised 08/2023  OMB Control Number: 3046-0049  Expiration Date: 08/31/2024											
	ESTABLISH	YPE OF REPORT MENT REPORT									
SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME											
OFS COMPANY ID P610872	P610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
		SHMENT-LEVEL IDENTIFICATION (if appl									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME										
X224312	X224312 GPI WI WAUSAU										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
200 CENTRAL B	RIDGE STREET	WAUSAU	WI	54401							
		ENTIFICATION NUMBER (EIN) 1772929									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS							
1	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	or)							
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)										
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)								
		ICS INFORMATION  broboard Box Manufacturing									
	<u> </u>	<u> </u>									
	SECTION IN ORDER OF	SECTION H – WORKFORCE DEMOGRAPHIC DATA									

	-	C1101				DEMO	Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale		ора			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	0	0	14	0	1	0	0	0	10	0	0	0	0	0	25
Professionals	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	6	0	0	0	0	0	11	0	0	0	0	2	20
Craft Workers	0	0	10	0	3	0	0	0	1	0	0	0	0	0	14
Operatives	4	3	99	3	30	1	0	6	33	1	8	0	2	1	191
Laborers and Helpers	1	0	9	1	1	0	0	0	2	0	0	0	0	0	14
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	5	4	143	4	35	1	0	6	60	1	8	0	2	3	272
PRIOR 2021 REPORTING YEAR TOTAL	11	7	155	8	21	1	1	2	70	4	4	0	1	0	285

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0049 Expiration Date: 08/31/2024											
		TYPE OF REPORT MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID											
P610872 GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRESS CITY/TOWN STATE ZIP CODE											
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328											
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE								
HZ83081		GPI OH KENTON									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1300 S MAI	N STREET	KENTON	ОН	43326							
		ENTIFICATION NUMBER (EIN) 0772929									
	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 BUSIN	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNAVAILABLE											
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)							
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											

SECTION G – NAICS INFORMATION
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	41	0	0	0	0	1	13	0	0	0	0	0	55
Professionals	0	0	8	0	0	0	0	0	6	0	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	2	0	0	0	0	0	2
Craft Workers	0	1	2	0	0	0	0	0	5	0	0	0	0	0	8
Operatives	5	1	331	16	0	0	1	4	157	5	2	0	0	2	524
Laborers and Helpers	1	0	2	0	0	0	0	0	5	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	6	2	384	16	0	0	1	5	188	5	2	0	0	2	611
PRIOR 2021 REPORTING YEAR TOTAL	8	6	371	7	0	0	0	1	209	2	2	0	0	2	608

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

			2. priumo	24.6. 00/21/2021
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;	
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	SHMENT-LEVEL IDENTIFICATION (if appl	icable)		
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ		
LX76551		GPI TN MEMPHIS		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
835 S. BELL	EVUE BLVD.	MEMPHIS	TN	38104
		ENTIFICATION NUMBER (EIN) 1772929		
·	SECTION E - EMPLOY	ER 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)

Unique Entity ID (UEI): UNAVAILABLE

☐ 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

322130 - Paperboard Mills

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	111 - V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	5	2	0	0	0	0	1	0	0	0	0	0	8
Professionals	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers	0	0	3	0	0	0	0	0	5	0	0	0	0	0	8
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	0	15	23	5	0	0	0	0	1	1	0	0	0	46
Laborers and Helpers	0	2	5	10	2	0	0	0	0	3	1	0	0	0	23
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	2	32	36	7	0	0	0	7	4	2	0	0	0	91
PRIOR 2021 REPORTING YEAR TOTAL	1	2	35	35	7	0	0	0	8	2	2	0	0	0	92

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

~	DYMENT OPPORTUNITY C NFORMATION REPORT (EF		OMB Cont	evised 08/2023 trol Number: 3046-0049 ton Date: 08/31/2024
	ESTABLISH	IMENT REPORT		
	SECTION B - EMPLO			
P610872	GI		>	
ADDRESS		CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDGE	PARKWAY NW	ATLANTA	GA	30328
SECTION C - F				
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
GV91655		GPI OR GRESHAM CARTON		
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
18683 NE SAN	DY BLVD.	PORTLAND	OR	97230
SECTION A - TYPE OF REPORT  ESTABLISHMENT REPORT  SECTION B - EMPLOYER IDENTIFICATION  OFS COMPANY ID  OFS COMPANY ID  ADDRESS  CITY/TOWN  THE ADDRESS  CITY/TOWN  ATLANTA  GA  TOWN  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID  GV91655  GPI OR GRESHAM CARTON  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  CITY/TOWN  STATE  ZIP CODE	ESS			
SI				
☐ YES (Single-Establish	nent Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)
X YES	Headquarters is Federal Contractor	YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	
	2-00			
	SECTION WORKFOR			

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	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	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	8	1	21	4	6	0	1	2	2	1	0	0	0	0	46
Laborers and Helpers	0	1	0	0	0	0	0	0	0	0	0	0	0	1	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	2	29	4	6	0	1	2	2	1	0	0	0	1	56
PRIOR 2021 REPORTING YEAR TOTAL	9	4	30	3	5	0	0	1	1	1	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

~	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	. ,	OMB Con	evised 08/2023 trol Number: 3046-0049 ion Date: 08/31/2024
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC	)	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
AB21242		GPI AL TUSCALOOSA		
HEADQUARTERS OR ESTABLIS			ZIP CODE	
1500 COMME	ERCE DRIVE	TUSCALOOSA	AL	35401
		ENTIFICATION NUMBER (EIN) 0772929		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File)	R IN BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  II): UNAVAILABLE		
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	etor)
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	
	SECTION G - NA	ICS INFORMATION		

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	v п – v	VUKKF	OKCE										
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	6	2	0	0	0	0	2	1	0	0	0	0	11
Professionals	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	5	15	0	0	0	0	0	0	0	0	0	0	20
Laborers and Helpers	1	0	6	16	0	0	0	1	0	1	0	0	0	0	25
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	26	33	0	0	0	1	4	3	0	0	0	0	69
PRIOR 2021 REPORTING YEAR TOTAL	2	0	30	29	0	0	0	1	3	1	0	0	0	0	66

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A - TYPE OF REPORT												OMB C	Revised ontrol Nu- ation Dat	mber: 30	
			SECT	TON A	– TYPI	E OF RI	EPORT				<u> </u>				
			E:	STABLI	SHME	NT REF	ORT								
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
P610872					GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAL	- INC				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
1500 RIVEREDGE P	ARKWA	AY NW					Α	TLANT	Ά			GA		3032	28
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAE	LISHN	1ENT-L	EVEL	IDENT	IFICAT	ΓΙΟΝ (i	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME				
JL93251							GPI IL	CHICA	AGO						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
555 N TRIPF	AVE						С	HICAG	0			IL		6062	24
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA	TION N	UMBE	R (EIN	)			<u> </u>		
	02011	0112	231/12		340772			01:122	. (22.	,					
	5	SECTIO	ON E -	<b>EMPL</b>	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPL(	OYER I	NO LO	NGER I	IN BUSI	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
						JNAVA			11	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
VFS /	Ioodana	rtare is I	Fadaral	Contrac	tor) 🟋	VES (N	on Haa	lauartar	Ectable	ichment	ic Fadar	al Contr	actor)		
<ul> <li>X YES (Headquarters is Federal Contractor)</li> <li>X YES (Non-Headquarters Establishment is Federal Contractor)</li> <li>X YES (One or More Non-Headquarters Establishments is Federal Contractor)</li> </ul>															
						_			ments i	s Federa	l Contra	actor)			
		S				INFOR		N							
	SE	CTION				DEMO		HC DA	TA						
		01101	1 1	, 011111	ORCE		Race/E								
	Hisp	anic						Hispan		atino					
	or La				М	ale					Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islande	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Ather Pacific Islande	American Indian or Alaska Native	Rac	Row
JOB GATEGORIEG	<u>e</u>	Female	te	ck or Afric American	E S	vai c Is	Ind Nat	re	te	Black or an Amer	an	kai C Iş	Ind	<u>ē</u>	Total
	Male	em	White	o Je	Asian	Ha	an ka	٧	White	acl A	Asian	E Ha	an ka	₽	
		Ľ.		A 전	_	Pa Ve	ric las	o		E B	•	P &	eric las	ō	
				B		ati	me A	۸o		Afri		ati	A A	8	
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	2	1	8	2	0	0	0	0	2	0	0	0	0	0	15
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	1	1	0	0	0	1	3
Sales Workers Administrative Support Workers	0	1	0	0	0	0	0	0	0	5	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Operatives

12152022 - 12312022

	JAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											OMB C	Revised ontrol Nu ation Dat	mber: 30			
			SECT	ION A	- TYPI	E OF RI	EPORT				I						
			ES	STABLE	SHME	NT REF	ORT										
		SECT	TION B	- EMP	LOYE	R IDEN											
OFS COMPANY ID								OYER N									
P610872					GRAP	HIC PA				TIONAL	INC						
ADDRESS								TY/TOV				STATE		ZIP CO	DE		
1500 RIVEREDGE P								TLANT				GA		3032	28		
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME						
T092272								MITC									
HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOV				STATE		ZIP CO			
1700 W. ASH A	VENU						M	ITCHE	<u> </u>			SD		5730	)1		
	SECTI	ON D -	- EMPL		IDENT 340772	TIFICA' 929	TION N	UMBE	R (EIN	)							
		-			_	FILING	_										
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	yer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS				
SEC	CTION					OR DE			if applic	able)							
YES (Single-Establishm	ent Emp	loyer is	Federal	Contrac	ctor) 🔀	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
X YES (I	Ieadqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	on-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)				
		X Y	<b>ES</b> (On	e or Mo	re Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)					
						INFOR											
	CE					ard Box DEMO											
	SE.	CHO	111 - 11	OKKI	OKCE			thnicit									
	Hisp	anic						Hispar	•	atino							
	or La				М	ale					Fen	nale					
JOB CATEGORIES	ale	male	hite	r African erican	sian	awaiian or ific Islander	n Indian or a Native	ore Races	hite	ck or American	ian	awaiian or ific Islander n Indian or a Native lore Races					

Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	13	0	0	0	0	0	2	0	1	0	0	0	16
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	16	0	0	0	0	0	0	0	0	0	0	0	16
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	6	0	0	0	0	0	6
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	4	3	98	5	0	0	2	2	27	1	5	2	1	2	152
Laborers and Helpers	2	1	5	0	0	0	0	0	5	0	2	2	1	0	18
Service Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
CURRENT 2022 REPORTING YEAR TOTAL	6	4	138	5	0	0	2	2	41	1	8	4	2	2	215
PRIOR 2021 REPORTING YEAR TOTAL	9	15	134	3	0	0	2	0	39	0	3	4	2	0	211

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

OMB Control Number: 3046-0049

			Expiratio	n Date: 08/31/2024							
		TYPE OF REPORT									
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDGI	E PARKWAY NW	ATLANTA	GA	30328							
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
LX76531											
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
403 FILLMO	DRE AVE. E	SAINT PAUL	MN	55107							
		ENTIFICATION NUMBER (EIN) 0772929	_								
	SECTION E - EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	ESS							
	CECTIONE FEDERAL CONTRA	CTOD DECICNATION (:f1:1-1-)									

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

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

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	or La	anic atino			M	ale	Race/E Not	thnicity Hispan		atino	Fem	nale	T.		
JOB CATEGORIES	or La				M		Not	Hispan	ic or La	atino	Fen	nale			
JOB CATEGORIES	or La				M						Fen	nale			
JOB CATEGORIES	le									-					
JOB CATEGORIES	e Ie														
305 37 (125 miles)	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	0	0	6	0	1	0	0	0	1	0	0	0	0	0	8
Professionals	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers	0	0	0	1	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	16	4	7	0	0	0	1	0	1	0	0	0	32
Laborers and Helpers	1	2	1	5	8	0	0	2	1	2	0	0	0	1	23
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	2	28	11	16	0	0	2	7	2	1	0	0	1	74
PRIOR 2021 REPORTING YEAR TOTAL	5	3	29	6	17	0	0	0	7	1	2	0	0	0	70

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2022 - 12/31/2022

U.S. EQUAL EMPLO 2022 EMPLOYER IN		Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
		SECTION A -	TYPE OF RE									
	OT OF											
OFS COMPANY ID	SECT	ION B – EMPL	OYER IDEN	EMPLOYER N	AME							
P610872		G	RAPHIC PA		ERNATIONAL IN	С						
ADDRESS				CITY/TOW	'N	STATE	ZIP CC	DE				
1500 RIVEREDGE P	ARKWAY NW			ATLANT	A	GA	3032	28				
	EADQUARTEI				IFICATION (if app		•					
HQ/ESTABLISHMENT-LEVEL UNIT ID		H	EADQUARTE	RS OR ESTABLIS	HMENT-LEVEL NAN	Æ						
CC95316	GPI OH SOLON											
HEADQUARTERS OR ESTABLISHM	NT-LEVEL ADDRESS CITY/TOWN STATE ZIP COI											
6385 COCHRA												
	SECTION D -	EMPLOYER II 84	DENTIFICAT 0772929	TION NUMBE	R (EIN)							
	SECTIO	ON E – EMPLO	YER FILING	ELIGIBILITY	7							
X YES (Employer Is Eligible	e to File) NO	(Employer Is No	Eligible to Fi	le) <b>EMPL</b> (	OYER NO LONGE	R IN BUSIN	IESS					
SE		DERAL CONTR Ique Entity ID (UI			f applicable)							
☐ YES (Single-Establishm	nent Employer is	Federal Contracto	or) X YES (N	/ulti-Establishm	ent Employer is Fed	eral Contract	or)					
X YES (I	Headquarters is I	Federal Contractor	YES (N	on-Headquarters	Establishment is Fe	deral Contra	ctor)					
	X Y	ES (One or More	Non-Headqu	arters Establish	ments is Federal Co	ntractor)						
	SECTION G - NAICS INFORMATION 322211 - Corrugated and Solid Fiber Box Manufacturing											
		H – WORKFO										
				Race/Ethnicity	/							
	Hispanic			Not Hispan	ic or Latino							
	or Latino		Male			Female						

SECTION II - WORKFORCE DEMOGRAFIIIC DATA															
	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			1
															1
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	0	0	12	3	0	0	0	0	1	1	0	0	0	0	17
Professionals	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Technicians	0	0	5	2	0	0	0	1	1	0	0	0	0	0	9
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	46	38	0	0	0	1	5	12	0	0	0	0	102
Laborers and Helpers	0	0	15	21	0	1	0	2	1	6	0	0	0	0	46
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	88	65	0	1	0	4	11	19	0	0	0	0	188
PRIOR 2021 REPORTING YEAR TOTAL	1	0	91	68	1	1	1	3	12	20	0	0	0	0	198

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

•	OMMISSION (EEOC) CO-1 COMPONENT 1)	Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
	SECTION A - T	YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	)									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328								
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
CC95282 GPI PA VALLEY FORGE												
CC95282 GPI PA VALLEY FORGE  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
1035 LONGF	FORD ROAD	PHOENIXVILLE	PA	19460								
		ENTIFICATION NUMBER (EIN) 1772929										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE										
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	or)								
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)												
		Non-Headquarters Establishments is Federal Cor	ntractor)									
	5-00	ICS INFORMATION Solid Fiber Box Manufacturing										

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	0	14	1	0	0	0	2	2	0	0	0	0	0	21
Professionals	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	1	0	11	0	0	0	0	0	0	0	0	0	0	0	12
Operatives	5	1	57	13	8	0	0	2	8	2	5	3	0	1	105
Laborers and Helpers	0	0	8	5	3	0	0	1	0	0	4	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	1	96	19	11	0	0	5	14	2	9	3	0	1	170
PRIOR 2021 REPORTING YEAR TOTAL	8	1	100	25	13	0	0	3	11	3	9	3	0	1	177

SECTION I – WORKFORCE SNAPSHOT PERIOD 12152022 - 12312022

~	IPLOYMENT OPPORTUNITY COMMISSION (EEOC)  ER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT  Revised 08/2023  OMB Control Number: 3046-6 Expiration Date: 08/31/202													
		-	-	– TYPI SHMEN	-	_	ı			•				
	SEC	TION B -					TION							
OFS COMPANY ID	<u> </u>	11011 D	121111	LOIL	K IDE:		OYER N	AME						
P610872				GRAP	HIC PA	CKAGI	NG INT	ERNA	TIONAI	INC				
ADDRESS						C	ITY/TOW	/N			STATE		ZIP CO	DE
1500 RIVEREDGE	PARKWAY NV	1				A	TLANT	Ά			GA		3032	28
SECTION C - 1	HEADQUARTE	RS OR E									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ					Γ-LEVEL	NAME				
Z553975					G	PI TX D	ALLAS	SALES	S					
HEADQUARTERS OR ESTABLISH	MENT-LEVEL AD													
1500 RIVEREDG	E PARKWAY	PARKWAY ATLANTA GA 30328 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)												28
	SECTION D	- EMPLO		IDENT 340772		TION N	UMBE	R (EIN	)					
	SECT	ON E – I	EMPL	OYER :	FILING	ELIG	BILITY	Y						
X YES (Employer Is Eligib	ole to File) 🔲 <b>N</b> (	(Employ	yer Is N	lot Eligi	ble to F	ile)	EMPL	OYER I	NO LO	NGER I	N BUSI	NESS		
S	ECTION F – FE U1	DERAL nique Enti	CONT ity ID (	TRACT UEI): \	OR DE JNAVA	SIGNA ILABLE	TION (i	if applic	able)					
☐ YES (Single-Establish	ment Employer i	s Federal	Contra	ctor) 🔀	YES (	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
X YES	(Headquarters is	Federal C	Contrac	tor) 🔀	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
	X,	YES (One	or Mo	ore Non	-Headqı	arters E	Establish	ments is	s Federa	l Contra	ictor)			
		SECTION												
	322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA													
	SECTIO	NH-W	ORKF	ORCE										
	Llianas: s	1					thnicit	<u> </u>	atin a					
	Hispanic or Latino			М	ale	NOT	Hispan	OF L	atino	Fen	nale			
	5. <u>2</u> dtiii0										1010			
			_		or ider	ō	ses		_		or	ō	ses	

Dear/Ethnicity															
	Race/Ethnicity  Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2021 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD
12152022 - 12312022
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2022 EMPLOYER	INFORMATION REPORT (EE	to-1 COMPONENT 1)		n Date: 08/31/2024								
	SECTION A – T	YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;									
ADDRESS CITY/TOWN STATE ZIP CODE  1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328												
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
X224211		GPI NC CHARLOTTE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
800 WESTING	HOUSE BLVD.	CHARLOTTE	NC	28273								
		ENTIFICATION NUMBER (EIN) 1772929										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	ESS								

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

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

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	0	0	3	4	0	0	0	0	4	0	0	0	0	1	12
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	2	1	0	0	0	0	4	0	0	0	0	0	7
Craft Workers	0	0	3	2	0	0	0	1	0	0	0	0	0	0	6
Operatives	1	0	13	27	5	5	0	4	1	7	1	0	0	0	64
Laborers and Helpers	1	2	0	8	0	0	0	0	0	8	2	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	2	22	42	5	5	0	5	12	15	3	0	0	1	114
PRIOR 2021 REPORTING YEAR TOTAL	4	4	29	48	3	5	0	3	12	18	3	0	0	1	130

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

## LIS FOLIAL EMBLOYMENT ODDODTLINITY COMMISSION (FEOC)

EEOC Standard Form 100 (SF 100)

~	INFORMATION REPORT (EE	,	OMB Contro	ol Number: 3046-0049 n Date: 08/31/2024
	SECTION A – T	YPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
P610872	GF	RAPHIC PACKAGING INTERNATIONAL INC	;	
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328
		SHMENT-LEVEL IDENTIFICATION (if appl		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
N611431		GPI MN CROSBY		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
975 THIRI	O ST. SW	CROSBY	MN	56441
		ENTIFICATION NUMBER (EIN)		
		772929 ER FILING ELIGIBILITY		
X YES (Employer Is Elig		Eligible to File) EMPLOYER NO LONGE.	R IN BUSINE	ss
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE		
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contractor)	)
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contracto	r)

## SECTION G - NAICS INFORMATION

333993 - Packaging Machinery Manufacturing

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

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			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	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	10	0	0	0	0	0	5	0	0	0	0	0	15
Professionals	0	0	30	0	0	0	0	0	7	0	0	0	0	0	37
Technicians	0	0	56	1	0	0	0	0	0	0	0	0	0	0	57
Sales Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Administrative Support Workers	0	0	4	0	0	0	0	0	6	0	0	0	0	0	10
Craft Workers	0	0	58	0	0	0	0	1	1	0	0	0	0	0	60
Operatives	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	173	1	0	0	0	1	21	0	0	0	0	0	196
PRIOR 2021 REPORTING YEAR TOTAL	0	0	176	1	0	0	0	1	22	0	0	0	0	0	200

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		on Date: 08/31/2024									
		YPE OF REPORT MENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME	_										
P610872	GI	RAPHIC PACKAGING INTERNATIONAL INC	3										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
1500 RIVEREDGE PARKWAY NW ATLANTA GA 30328  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
JL93260 GPI NC PINEVILLE													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
8800 CR	UMP RD	PINEVILLE	NC	28134									
		ENTIFICATION NUMBER (EIN) 1772929											
	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 BUSIN	ESS									
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE													
☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)													
X VE	S (Headquarters is Federal Contractor)	X VFS (Non-Headquarters Establishment is Fe	deral Contract	tor)									

## SECTION G - NAICS INFORMATION 322130 - Paperboard Mills

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic						Hispan		atino					
		atino			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	0	0	6	0	0	0	0	0	0	1	0	0	0	1	8
Professionals	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Technicians	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	1	0	0	0	0	2	1	0	0	0	0	4
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	30	9	0	0	0	0	9	3	0	0	0	0	51
Laborers and Helpers	2	1	8	0	0	0	0	0	2	0	0	0	0	0	13
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	1	52	10	0	0	0	0	14	6	0	0	0	1	86
PRIOR 2021 REPORTING YEAR TOTAL	1	4	56	8	0	0	0	0	16	5	0	0	0	0	90

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	Expiration Date: 08/31/2024										
		YPE OF REPORT MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID EMPLOYER NAME											
P610872	610872 GRAPHIC PACKAGING INTERNATIONAL INC										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
X224253	X224253 GPI MI KALAMAZOO CARTON										
HEADQUARTERS OR ESTABLIS	STATE	ZIP CODE									
1421 N. PITCI	HER STREET	KALAMAZOO	MI	49007							
		ENTIFICATION NUMBER (EIN) 0772929									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	rible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor)	)							
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											

SECTION G – NAICS INFORMATION
322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	17	2	0	0	0	0	6	0	0	0	0	0	26
Professionals	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	1	0	0	0	14	0	0	0	0	0	18
Craft Workers	0	0	16	0	0	0	0	0	0	0	0	0	0	0	16
Operatives	7	1	76	45	0	2	0	4	25	20	0	0	1	1	182
Laborers and Helpers	0	0	6	7	0	0	0	1	2	3	0	0	0	1	20
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	7	2	123	54	1	2	0	5	49	23	0	0	1	2	269
PRIOR 2021 REPORTING YEAR TOTAL	10	1	138	49	1	2	0	5	44	31	0	0	0	2	283

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	Expiration Date: 08/31/2024									
		TYPE OF REPORT								
		IMENT REPORT								
	SECTION B – EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID  EMPLOYER NAME  P610872  GRAPHIC PACKAGING INTERNATIONAL INC										
P610872										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
1500 RIVEREDGE	E PARKWAY NW	ATLANTA	GA	30328						
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME										
HZ83180		GPI TX LANCASTER								
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
939 EAST PLE	ASANT ROAD	LANCASTER	TX	75146						
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 840772929										
	SECTION E – EMPLOY	YER FILING ELIGIBILITY								
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) $\square$ EMPLOYER NO LONGE	R IN BUSINE	SS						
	SECTION F – FEDERAL CONTR. Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) ED: UNAVAILABLE								

☐ 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

322212 - Folding Paperboard Box Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	2	2	0	0	0	0	4
Craft Workers	0	0	2	4	0	0	0	0	0	0	0	0	0	1	7
Operatives	3	0	6	2	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	12	6	0	0	0	0	2	2	0	0	0	1	26
PRIOR 2021 REPORTING YEAR TOTAL	6	1	13	5	0	0	0	0	1	1	0	0	0	0	27
		EFCTIC	NII _	WODK	FODCI	CNIAD	CHOT	DEDIAI	<u> </u>						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022

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

2022 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024											
	SECTION A - TYPE OF REPORT											
ESTABLISHMENT REPORT												
SECTION B - EMPLOYER IDENTIFICATION												
	OFS COMPANY ID EMPLOYER NAME											
P610872	GRAPHIC PACKAGING INTERNATIONAL INC											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1500 RIVEREDG	E PARKWAY NW	ATLANTA	GA	30328								
		SHMENT-LEVEL IDENTIFICATION (if appl										
HQ/ESTABLISHMENT-LEVEL UNIT ID	Q/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
GV91664	GPI VA STAUNTON CARTON											
HEADQUARTERS OR ESTABLIS	CITY/TOWN	STATE	ZIP CODE									
2 INDUST	TRY WAY	STAUNTON	VA	24401								
		ENTIFICATION NUMBER (EIN) 1772929										
	SECTION E – EMPLOY	ER 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) Unique Entity ID (UEI): UNAVAILABLE												
☐ 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 Con	ntractor)									

# SECTION G – NAICS INFORMATION 322212 - Folding Paperboard Box Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	11	0	1	0	0	0	1	0	0	0	0	0	14
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	9	1	0	0	0	0	11
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	1	79	7	0	0	0	6	21	1	0	0	0	1	117
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	1	100	7	1	0	0	6	32	2	0	0	0	1	152
PRIOR 2021 REPORTING YEAR TOTAL	4	1	119	10	1	0	0	6	35	3	0	0	0	1	180

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152022 - 12312022