

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 08/31/2024

**SECTION A – TYPE OF REPORT**  
CONSOLIDATED REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
B448030

EMPLOYER NAME  
CF INDUSTRIES INC

ADDRESS  
4 PARKWAY NORTH SUITE 400

CITY/TOWN  
DEERFIELD

STATE  
IL

ZIP CODE  
60015

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
202697511

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

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

Unique Entity ID (UEI): UNAVAILABLE

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

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

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

**SECTION G – NAICS INFORMATION**

325311 – Nitrogenous Fertilizer Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
	Male	Female	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	
Executive/Senior Level Officials and Managers	1	0	24	2	1	0	0	0	10	0	1	0	0	1	40
First/Mid-Level Officials and Managers	8	5	170	5	12	0	3	2	46	3	7	0	4	2	267
Professionals	17	8	252	19	34	3	4	6	80	5	15	0	0	1	444
Technicians	1	1	30	3	0	0	1	0	6	6	0	0	1	1	50
Sales Workers	0	0	10	1	0	0	0	2	2	0	0	0	0	0	15
Administrative Support Workers	0	5	1	0	0	0	0	1	84	1	0	0	0	0	92
Craft Workers	4	0	197	8	0	0	5	3	2	0	0	0	0	0	219
Operatives	23	1	752	76	1	0	18	9	9	0	0	0	0	1	890
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
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	54	20	1437	114	48	3	31	23	239	15	23	0	5	6	2018
<b>PRIOR 2021 REPORTING YEAR TOTAL</b>															

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/18/2022 - 12/31/2022

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

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CITY/TOWN  
DEERFIELD

STATE  
IL

ZIP CODE  
60015

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**CERTIFICATION STATEMENT**

*"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."*

**Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.**

**DATE OF CERTIFICATION**

11/28/2023 2:12 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Shawna Walker

Title of Certifying Official

Manager, Inclusion and Engagement

Email Address of Certifying Official

swalker@cfindustries.com

Telephone Number of Certifying Official

847-405-2042

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

Shawna Walker

Title and Employer of Primary POC

Manager, Inclusion and Engagement  
CF Industries Inc

Email Address of Primary POC

swalker@cfindustries.com

Telephone Number of Primary POC

847-405-2042