

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 1035210			EMPLOYER NAME COMMERCIAL METALS COMPANY												
ADDRESS 6565 NORTH MACARTHUR BOULEVARD, SUITE 800						CITY/TOWN IRVING				STATE TX		ZIP CODE 75039			
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) 750725338															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): NZ5HKPW2S838 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
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	0	0	25	0	1	0	0	0	6	0	0	0	0	0	32
First/Mid-Level Officials and Managers	117	34	678	47	37	1	5	13	149	15	13	0	3	2	1114
Professionals	86	52	426	51	48	1	1	10	146	24	30	0	1	3	879
Technicians	77	9	231	33	22	2	6	4	35	4	12	0	0	0	435
Sales Workers	65	26	165	7	3	0	1	5	54	1	3	0	1	0	331
Administrative Support Workers	49	125	66	20	2	1	0	3	206	47	6	4	4	8	541
Craft Workers	191	2	559	67	0	1	6	23	2	1	0	0	1	1	854
Operatives	1655	17	1499	1062	38	8	58	104	54	36	1	1	1	4	4538
Laborers and Helpers	676	5	200	37	28	97	22	65	2	0	0	0	1	0	1133
Service Workers	1	0	5	0	0	0	0	0	1	0	0	1	1	1	10
CURRENT 2024 REPORTING YEAR TOTAL	2917	270	3854	1324	179	111	99	227	655	128	65	6	13	19	9867
PRIOR 2023 REPORTING YEAR TOTAL	3095	270	4012	1366	177	82	109	233	665	128	61	6	11	20	10235
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/13/2024 - 12/28/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)			EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026	
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 1035210		EMPLOYER NAME COMMERCIAL METALS COMPANY		
ADDRESS 6565 NORTH MACARTHUR BOULEVARD, SUITE 800		CITY/TOWN IRVING	STATE TX	ZIP CODE 75039
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <i>"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."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION 6/13/2025 3:33 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Rebecca Raines		Title of Certifying Official Director, Talent Management		
Email Address of Certifying Official rebecca.raines@cmc.com		Telephone Number of Certifying Official 580-634-5046		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Rebecca Raines		Title and Employer of Primary POC Director, Talent Management CMC		
Email Address of Primary POC rebecca.raines@cmc.com		Telephone Number of Primary POC 580-634-5046		