U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) EEOC Standard Form 100 (SF 10) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-00 Expiration Date: 11/30/2026 Expiration Date: 11/30/2026							46-0049												
				FION A							1								
		SECT	FION E	B – EMP	LOYE	R IDEN	TIFICA	TION											
OFS COMPANY ID							EMPL	OYER N	JAME										
R168005						In	gersoll l	Rand C	Compar	iy									
ADDRESS					1		C	TY/TOW	WN			STATE		ZIP CC	DE				
			`					AVIDS				NC							
525 Harbour Place D														2803	00				
SECTION C – HI	EADQU	ARTE	RS OR									able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME								
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC)DE				
					<mark>76041</mark> 9	383)									
X YES (Employer Is Eligible							NG ELIGIBILITY o File)												
				L CONT															
SEX				tity ID (n appne	aute)									
YES (Single-Establishm	ont Emr		-	~ `	ć	-			nont Em	nlover i	Eadara	1 Contro	ator)						
	-	-																	
X YES (H	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquarter	s Establ	ishment	is Fede	ral Contr	actor)						
		XX	ZES (O)	ne or Mo	ore Non	-Headou	arters F	Stablish	iments i	s Federa	1 Contr	actor)							
				$\overline{DNG-I}$		-			intento i	s i cuera	i conu	actor)							
				and Ga					a										
	SF	CTIO	NH – V	VORKF	ORCE	DEMO	GRAPI	HC DA	J TA										
					onez		Race/E								1				
	Hisr	anic	1							atino					-				
		Hispanic Not Hispanic or Latino Or Latino Male							Fer	male			-						
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				
				Bla		Nati [,] Other	Ame Al	Two		Afri		Nativ Other	Ame Al	Two					
Executive/Senior Level Officials and Managers	2	0	38	0	3	0	0	1	10	0	0	0	0	1	55				
First/Mid-Level Officials and Managers	32	21	615	25	32	0	0	3	158	6	11	0	2	2	907				
Professionals Technicians	42 63	25 4	706 572	23 17	43 12	0	2	8	288 15	38 1	26 1	0	0	4	1205 693				
Sales Workers	22	2	254	1	5	0	1	2	43	2	3	0	0	0	335				
Administrative Support Workers	14	20	79	9	0	0	0	0	206	17	4	1	0	3	353				
Craft Workers	15	1	125	13	7	0	0	1	7	2	0	0	0	0	171				
Operatives Laborers and Helpers	158 0	44 0	1075 33	217 1	16 0	1	2	17 0	169 0	64 0	16 0	1	1 0	7 0	1788 34				
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
CURRENT 2023 REPORTING YEAR TOTAL	348	117	3497	306	118	2	9	35	896	130	61	2	3	17	5541				
PRIOR 2022 REPORTING YEAR TOTAL	281	98	3086	282 WORK	112 FORC		8 SUOT I	32 DEDIO	799	115	45	2	1	6	4868				
	i	SECTI	UNI-	12/17/2				FERIO	D										
SECTION J Not Applicable	– HEA	DQUA	RTERS					VEL CO	OMME	NTS (op	tional)								

U.S. EQUAL EMPLOYMENT OPPORT 2023 EMPLOYER INFORMATION RE	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
SECTION K – OFFIC	CIAL CER	FIFICATION OF SUBMISSION	Ī					
EMP OFS COMPANY ID R168005	PLOYER ID	ENTIFICATION EMPLOYER NAME Ingersoll Rand Company						
ADDRESS		CITY/TOWN	STATE	ZIP CODE				
525 Harbour Place Drive, Suite 600		DAVIDSON	NC	28036				
				20000				
CERTIFI No Certification Comments Provided	ICATION C	OMMENTS (optional)						
CER? "I certify that the information, including any workforce demo		N STATEMENT ta_provided in this report is correc	t and true to the h	est of my knowledge				
and was prepared in conformity with the Knowingly and willfully false statements on t	directions a this report	set forth in the form and accompan are punishable by law, US Code,	ying instructions.	"				
	ATE OF CEI /3/2024 6:3(RTIFICATION DPM [EST]						
		FIFYING OFFICIAL						
Name of Employer's Certifying Official			ertifying Official					
Ellyn Chaney		HR Manager						
Email Address of Certifying Official		Telephone Numb	per of Certifying Officia	al				
PRIMARY POINT OF CONTA	ACT (POC) F	OR EEO-1 COMPONENT 1 REPO	RTING					
Name of Primary POC		Title and Empl	oyer of Primary POC					
Ellyn Chaney			Manager soll Rand					
Email Address of Primary POC			mber of Primary POC					