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

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SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B - EMPLOYER IDENTIFICATION															
OFS COMPANY ID	EMPLOYER NAME														
N008048	ACCENTURE LLP														
ADDRESS				CITY/TOWN					STATE		ZIP CC	DE			
500 West Madison Street				CHICAGO					IL 60661		31				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADOLIADTEDS OD ESTADLISHM	ARTERS OR ESTABLISHMENT-LEVEL ADDRESS				CITY/TOWN					STATE ZIP CODE			DE		
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS				CITY/TOWN					SIAIL		ZIFCC	DE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 720542904															
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)															
						JQQ1BI									
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
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YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
541611 - Administrative Management and General Management Consulting Services															
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hier	anic	1						•	atino					
		Hispanic or Latino				Not Hispanic or Latino Male F					Fen	nale			
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				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	Row
JOB CATEGORIES		<u> </u>	l as	ck or Afric American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e Y	0	or ieri	_	<u>iĕ</u> <u> </u>	nerican Indian Alaska Native	e K	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	12	2	153	7	38	0	0	0	68	3	10	0	1 1 -	0	294
Professionals	1117 2383	666 1900	8799 7767	834 2740	6604 4775	29 41	33 40	351 583	5634 6034	851 2565	2175 3892	15 19	15 46	229 473	27352 33258
Technicians	38	11	68	52	18	0	1	20	25	33	2	2	0	11	281
Sales Workers	77	79	274	195	41	0	3	25	207	151	35	0	1	23	1111
Administrative Support Workers Craft Workers	228 0	414 0	413 0	151 0	106 0	0	0	42 0	726 0	516 0	130 0	0	11 0	83 0	2830 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 2024 REPORTING YEAR TOTAL	3855	3072	17474	3979	11582	74	79	1021	12694	4119	6244	40	74	819	65126
PRIOR 2023 REPORTING YEAR TOTAL	3759	3010	17004	3825	10878	74	75	983	12767	3983	5851	34	75	804	63122
SECTION I - WORKFORCE SNAPSHOT PERIOD															

12/16/2024 - 12/31/2024

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

Not Applicable

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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2024 EMIFLOT		Expiration Date: 11/30/2026					
	SECTION K - OFFICIAL C	ERTIFICATION OF SUBMISSION					
	EMPLOYER	IDENTIFICATION					
OFS COMPANY ID	EMPLOYER NAME						
N008048	ACCENTURE LLP						
ADDRE	ESS	CITY/TOWN	STATE	ZIP CODE			
500 West Ma	dison Street	CHICAGO	IL	60661			
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 6/12/2025 2:46 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL					
Name of Employer's Certifying Official	Title of Certifying Official				
Mohini Bulsara	Regulatory Employment Compliance				
Email Address of Certifying Official	Telephone Number of Certifying Official				
mohini.c.bulsara@accenture.com	678-657-8255				
PRIMARY POINT OF CONTACT (POC	 FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Mohini Bulsara	Regulatory Employment Compliance				
	Accenture LLP				
Email Address of Primary POC	Telephone Number of Primary POC				
mohini.c.bulsara@accenture.com	678-657-8255				