U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C		08/2023 mber: 30	46-0049
				FION A											
		SECT	FION H	8 – EMF	LOYE	R IDEN									
OFS COMPANY ID						DDIG.			NAME SQUIBE						
0636088						DRIS				500					
ADDRESS	-		00					ITY/TOV				STATE		ZIP CO	
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	<u>RS OR</u>	ESTAR						<u>ΓΙΟΝ (i</u> Γ-LEVEL		able)			
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	ORESS				С	ITY/TOV	WN			STATE		ZIP CO	ODE
	SECTI	ON D -	- EMP	LOYER	IDEN1 220790		TION N	NUMBE	ER (EIN)					
YES (Employer Is Eligible				EMPL	OYER	FILING					NGER	IN RUS	INFSS		
				L CON							UCEN		11255		
SEV				tity ID ((ii applic	able)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (Multi-Es	stablishr	nent Em	ployer is	s Federa	l Contra	ctor)		
¥ YES (F															
	Icauqua							-					actor)		
				ne or Mo $\overline{\mathbf{ON} \mathbf{G} - \mathbf{I}}$		-			nments 1	s Federa	u Contra	actor)			
	:	325412	- Pha	rmaceu	tical Pr	eparatio	on Man	ufactur	ing						
	SE	ECTION	V H – V	VORKE	ORCE										1
			1				Race/E		-	- 11					_
		banic atino			м	ale	NOt	Hispai	nic or L	atino	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	2	4	28	1	8	0	0	0	21	1	3	0	0	0	68
First/Mid-Level Officials and Managers	395	427	3328	288	1518	11	7	89	3193	437	1800	13	7	92	11605
Professionals Technicians	216 28	249 24	1070 72	138 20	714 43	5 1	2	59 7	1220 79	171 9	1077 39	4	4	70 5	4999 327
Sales Workers	55	58	6 01	62	21	5	2	14	901	54	55	3	5	30	1866
Administrative Support Workers Craft Workers	4 9	49 0	13 53	5 2	3	0	0	0 6	328 0	64 1	17 0	2	1 0	15 0	501 75
Operatives	137	92	258	123	85	9	1	21	121	99	92	10	2	14	1064
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	846	903	5423	639	0 2396	31	0 12	196	5863	836	3083	32	19	226	20505
PRIOR 2021 REPORTING YEAR TOTAL	680	749	5462	510 WORK	2106	26	13 SUOT	160	5633	679	2636	20	19	189	18882
	,	SECIN	0111-			2/31/2		FERIO	U						
SECTION J Not Applicable	– HEA	DQUAI	RTERS	S OR ES	TABLI	SHME)	NT-LE	VEL CO	OMME	NTS (op	tional)				

	AL EMPLOYMENT OPPORTUNITY PLOYER INFORMATION REPORT		F OMB Cor	ndard Form 100 (SF 100 Revised 08/2023 htrol Number: 3046-0049 tion Date: 08/31/2024
	SECTION K – OFFICIAL C	ERTIFICATION OF SUBMISSION	N	
	EMPLOYER	IDENTIFICATION		
OFS COMPANY ID 0636088		EMPLOYER NAME BRISTOL-MYERS SQUIBB CC)	
	ADDRESS	CITY/TOWN	STATE	ZIP CODE
430 EAST 29T	H STREET, 14TH FLOOR	NEW YORK	NY	10016
	CERTIFICATIO	N COMMENTS (optional)		
No Certification Comments P	rovided			
		TION STATEMENT		
	n, including any workforce demographic			
	prepared in conformity with the directio d willfully false statements on this rep			
into (ingi) un		CERTIFICATION	, 1100 10, Section	1001
		10:04 AM [EST]		
		ERTIFYING OFFICIAL		
Name of En	nployer's Certifying Official		Certifying Official	
Ja	net Castellano	Asst Gen Counsel Litig	ation - Govt Inves &	HR Law
Email Ad	dress of Certifying Official	Telephone Nun	ber of Certifying Officia	1
	astellano@bms.com		252-5572	
	PRIMARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPO	DRTING	
Na	me of Primary POC	Title and Emg	ployer of Primary POC	
Ja	net Castellano	Asst Gen Counsel Litig		HR Law
Email	Address of Primary POC		umber of Primary POC	
Janet.C	astellano@bms.com	609-	252-5572	

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Da	08/2023 mber: 30	46-0049
						E OF R RS REF		•							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							C	ITY/TOW	VN			STATE		ZIP CC)DE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		1001	16
SECTION C – HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID 0636088					HEAD	QUARTE Bristo		stablis s <mark>Squib</mark> i			NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				C	ITY/TOW	VN			STATE		ZIP CC	DDE
430 East 29th Stree								EW YO				NY		1001	16
	SECTI	ON D -	- EMPI		IDEN [®]	TIFICA)350	TION N	NUMBE	CR (EIN)					
X YES (Employer Is Eligible						FILIN(NGER	IN RUS	INFSS		
						FOR DE					UCEN	IT DOD.			
SEC						STH8C			n appne	aule)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (H	-	-													
	ieauqua					n-Headqu		•					uctor)		
		S	ECTIO	DNG-1	NAICS	INFOR	MATIO	DN		s i edere	u conu				
	SE	325412 CTIO	-Pha	rmaceu VORKE	CORCE	eparation	ON Man	HIC DA	ng TA						
			<u>, 11</u> ,	- OKIKI	ORCE			thnicit							
	Hisp	anic						Hispan		atino.]
	or La	atino			N	lale	r	r			Fer	nale	r		
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				an		o u	n ol	ICes		an		in o	n or	ICe	_
JOB CATEGORIES		e		iric	_	aiia Isla	nerican Indian Alaska Native	Ra		or eric	_	aiia Isla	nerican Indian Alaska Native	e Ra	Row Total
	Male	Female	White	r At eric	Asian	ava	Ч Ž	lore	White	A ^m Ck	Asian	awa ific	L L L L L L L L L L L L L L L L L L L	lore	Total
	Σ	Fei	>	ck or Afric American	Aŝ	e H	icar ska	Σ	>	Black or an Amer	As	ac H	icar ska	Σ	
				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	
				ш		Oth Na	Ar	Ě		∢		oth Oth	A	ř	
												_			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0 5	0	1	0	0	0	1 17
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
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	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 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	3	6	1	1	0	0	0	6	2	3	0	0	0	22
PRIOR 2021 REPORTING YEAR TOTAL															
	5	SECTI	DN I –	WORK	FORC	E SNAP	SHOT	PERIO	D						
						1231202									
SECTION J No Comments Provided	– HEA	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised ontrol Nu	Form 100 08/2023 umber: 30 te: 08/31/	46-0049
						E OF R		1				Expir	ation Da	e: 08/31/	2024
		SECT				NT REF		ATION							
OFS COMPANY ID		SECI	IONE	5 – EMIR	LUIE		EMPL	LOYER N							
0636088						BRIS				B CO					
ADDRESS 430 EAST 29TH STREE	T. 14T	H FI O	OR									STATE NY		ZIP CC 1001	
				ESTAE	BLISHN	MENT-I	LEVEL	IDENT	TFICA	TION (i	f applica				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLI	SHMENT	Γ-LEVEL	NAME				
L312081 HEADQUARTERS OR ESTABLISHME	NTIE		PESS									STATE		ZIP CC	DE
86 Morris Av	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION HEADQUARTERS OR ESTABLISHMENT-LE Celgene Corporation ENT-LEVEL ADDRESS CITY/TOWN venue SUMMIT SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO CITION F – FEDERAL CONTRACTOR DESIGNATION (if applicable Unique Entity ID (UEI): UNAVAILABLE nent Employer is Federal Contractor) YES (Non-Headquarters Establishment Employ Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment Sis FO SECTION G – NAICS INFORMATION 325412 - Pharmaceutical Preparation Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA											NJ		0790	
	SECTI	ON D -	EMP				TION N	NUMBE	CR (EIN)					
X YES (Employer Is Eligible	-								-	NO LOI	NGERI	IN BUS	INESS		
		F – FE	DERA	L CON	RACT	OR DE	SIGNA	TION (
VES (Single Establishm	ont Emm		-						nont Em	nlovor i	Fadara	1 Contro	otor)		
	-	-													
	ieauqua							-					actor)		
									ina						
	SE	CTION	NH-V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
	Hien	anic	1						-	atino					-
					M	lale	NOL	пізраі		auno	Fer	nale			
						er	L	s					L	s	
				can		an o land	an o ive	lace		ican		an o land	an o ive	lace	Row
JOB CATEGORIES	Male	Female	White	Afri ricar	Asian	waii ic Is	Indi Nati	ore F	White	k or mer	Asian	waii ic Is	Indi Nati	ore F	Total
	Ma	Ferr	Wh	Black or African American	Asi	e Ha Pacif	nerican Indian Alaska Native	r Mo	٨N	Black or an Amer	Asi	e Ha acif	nerican Indian Alaska Native	r Mo	
				Blac A		Native Hawaiian or Other Pacific Islande	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	
						z§	A	F				z₹	A	F -	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 18	0 20	2 154	0 15	0 103	0	0	0 5	1 204	0 29	0 150	0	0	0 7	3 708
Professionals	4	10	19	6	15	0	0	1	41	9	33	0	0	3	141
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	3 0	0	0	0	0	0	0	41 0	10 0	1 0	0	0	2 0	57 0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	22	33	175	21	118	1	0	6	287	48	184	2	0	12	909
PRIOR 2021 REPORTING YEAR TOTAL	19	36	214	21	124	2 E (NA B		12	349	48	176	2	0	9	1012
				12172	2 <mark>022 -</mark> 1	E SNAP	22								
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABLI	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI NT REF						1			
		SECT	FION E	B – EMP	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID 0636088					-		EMPI	OYER N		всо					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14TI	H FLO	OR				N	EW YO	RK			NY		1001	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			MENT-I QUARTE						able)			
EV73070						Celo		ilomics		irch					
HEADQUARTERS OR ESTABLISHME 200 Cambridge F			ORESS					ITY/TOV				STATE MA		ZIP CC 0214	
	SECTI	ON D -	- EMPI		IDEN'		TION	NUMBE	CR (EIN)	ı				
X YES (Employer Is Eligible				- EMPL	OYER	FILING					NGER	IN RUS	INFSS		
	CTION		-	-	-						IGER	IN DUS	INESS		
SEV	JIION					UNAVA			n appire	able)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES (F	leadquar	rters is 1	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			nments i	s Federa	al Contra	actor)			
						INFOR eparation			ina						
						DEMO									
								Ethnicit	-						
	Hisp	anic atino			M	lale	Not	Hispar	nic or L	atino.	For	nale			-
					14										
				an		Native Hawaiian or Other Pacific Islander	an or /e	Two or More Races		can		Native Hawaiian or Other Pacific Islander	an or /e	Two or More Races	Row
JOB CATEGORIES	e	ale	te	Black or African American	u	vaiia c Isl	American Indian or Alaska Native	re R	te	Black or African American	u	vaiia c Isl	American Indian or Alaska Native	re R	Total
	Male	Female	White	neri	Asian	Hav acifi	can ska	Mo	White	Black or an Amer	Asian	Hav acifi	ska I	Mo	
				Ar		er På	leric	o or		B rica		er Pa	ieric Alas	o or	
				B		Nat Othe	Am A	Two		Af		Nat Othe	Am 4	Two	
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 Professionals	2	1	18 21	3 0	8 16	0	0	0	14 20	0	5 22	0	0	0	51 83
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	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 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	3	40	3	24	0	0	1	36	1	28	0	0	0	138
PRIOR 2021 REPORTING YEAR TOTAL	1	1	34	2	21	0	0	1	30	1	23	0	0	0	114
	2	SECTIO	ON I –			E SNAP 1231202		PERIO	D						
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

U.S. EQUAL EMPLO 2022 EMPLOYER IN													tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
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		SECT				R IDEN		ATION							
OFS COMPANY ID		blei			LUIL			.OYER N	IAME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
FN02725						Bristo	ol-Myers	s Squib	b Com	bany					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				С	ITY/TOW	VN			STATE		ZIP CC	DDE
4931 George	Road							TAMPA	4			FL		3363	34
	SECTI	ON D -	EMP		IDEN'	FIFICA	TION N	NUMBE	CR (EIN)					
X YES (Employer Is Eligible				EMPL	OYER	FILING					NCED	IN BUS	INESS		
				-							IGER	IN DUS	ILESS		
SEC	TION					OR DE			if applic	able)					
YES (Single-Establishm	ent Emr		-						oent Em	nlover is	Federa	1 Contra	ctor)		
	-	-													
X YES (F	leadqua	rters is l	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
						INFOR									
	SE	325412 CTION	- Pha			eparation	ON MAN	UTACTUR	ng TA						
	51		11-1	VOKKI	UKCE		Race/E								
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						-						<u>ب</u>			
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JOB CATEGORIES				n ica		iian slaı	lian tive	Ra		ric		iian slaı	lian tive	Ra	Row
	Male	Jale	White	Afi	Asian	wa fic I	Na Na	ore	White	k o Me	Asian	wa	Na Na	ore	Total
	Ma	Female	Ň	ck or Afric American	Asi	Ha	can ska	ž	Ň	Black or an Amer	Asi	Ha	can ska	ž	
				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	
				B		Vat	Ma	ž		Afi		Vat the	₽₩	ž	
						- 0						-0			
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	25 14	46 25	79 15	9 3	11 4	0	1	6 0	92	13 12	19 8	0	0	7	308 130
Professionals Technicians	0	25 0	0	0	4	0	0	0	48 0	12	0	0	0	1	130
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	3	10 0	3	2	0	0	0	0	10 0	3	0	0	0	0	31 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 CURRENT 2022 REPORTING YEAR TOTAL	0 42	0 81	0 97	0 14	0 15	0	0 1	0 6	0 150	0 29	0 27	0	0	0 8	0 470
PRIOR 2021 REPORTING YEAR TOTAL	34	71	101	16	15	0	1	3	161	24	24	0	0	10	460
PRIOR 2021 REPORTING YEAR TOTAL						E SNAP				24	24	U	0	10	400
						1231202									
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
				FION A STABLI											
		SECT	FION E	B – EMP	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID 0636088						BRIS	EMPI TOL-M	LOYER N YERS S		зсо					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C - HI	EADQU	ARTE	RS OR							<mark>ΓΙΟΝ</mark> (i Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID DM44203					HEAD		Celgen			I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADI	ORESS					ITY/TOV				STATE		ZIP CC	DDE
620 N. 51st A	venue							AZ		8504	43				
					220790	350)					
				EMPL											
X YES (Employer Is Eligible			-	-	-						NGER	IN BUS	INESS		
SEG	TION			L CONT tity ID (if applic	able)					
YES (Single-Establishm	ent Emp		-						nent Em	ployer is	s Federa	ıl Contra	ctor)		
¥ YES (F	-	-													
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	SE		<u> </u>	VUKKI	UKUL			Ethnicit							
	Hisp	anic						Hispar	-	atino					
	or La	atino		1	M	lale	1	1			Fer	male	r		
						r der	×	s		_		or der	5	s	
				can		an o lanc	an c	lace		icar		an o lanc	an c ve	lace	Row
JOB CATEGORIES	e	ale	ite	Afri icar	an	vaii ic Is	Indi Nati	reF	ite	k or mer	an	vaii ic Is	Indi Nati	reF	Total
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				lack A		er P.	heric	o or		rica B		er P.	heric	o or	
				B		Native Hawaiian or Other Pacific Islander	Αm	Ě		Af		Native Hawaiian or Other Pacific Islander	Am	Ě	
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	14	9	63	4	10	1	0	2	33	8	5	0	0	1	150
Professionals Technicians	19 3	14 2	33 3	2 0	6 0	0	1	4	32 1	2	4	0	1 0	2	120 10
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	2	0	0	0	0	0	3
Craft Workers Operatives	4 10	0 11	12 22	0 5	0	0	0	2	0 7	0	0	0	0	0	18 67
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	50	37	133	11	17	2	2	11	75	10	14	0	2	4	368
PRIOR 2021 REPORTING YEAR TOTAL	41	30	139	13	12	1	2	8	61	7	7	0	1	3	325
	2	SECTION	UNI-	WORK 12172		e snap 123120		PERIO	D						
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

	YMEN FORM											OMB C	ontrol Nu	08/2023 08/2023 1mber: 30 te: 08/31	46-0049
				FION A STABLI											
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								LOYER N							
0636088						BRIS	TOL-M	YERS	SQUIB	зсо					
ADDRESS							С	ITY/TOV	WN			STATE		ZIP CC	DDE
430 EAST 29TH STRE	ET, 14T	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – H	EADQU	JARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	TIFICA	TION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID NZ64088					HEAD	-	RS OR E <mark>ng Poin</mark>			T-LEVEL <mark>s Inc.</mark>	NAME				
HEADQUARTERS OR ESTABLISHM			ORESS					ITY/TOV				STATE		ZIP CC	
10628 Science C	enter D	rive					SA	AN DIE	GO			CA		9212	21
					220790	0350				Ð					
X YES (Employer Is Eligibl				- EMPL						NO LOI	NGER	IN BUS	INESS		
SE	CTION	F – FE	DERA	L CONT	RACT	OR DE	SIGNA	TION (if applic	cable)					
		Un	ique Er	ntity ID (<u>UEI)</u> :	UNAVA	ILABLE	=							
YES (Single-Establishr	nent Emp	oloyer is	Federa	al Contra	ctor) 🔀	YES (Multi-Es	stablishr	nent Em	ployer is	Federa	al Contra	ctor)		
X YES (Headqua	rters is	Federal	l Contrac	tor) X	YES (N	Non-Hea	dquarter	rs Establ	lishment	is Fede	ral Conti	actor)		
				ne or Mo				-							
		S	ECTIO	DN G - I	NAICS	INFOR	MATIO	ON				uetory			
541714	- Resea	arch an		elopmen WORKF	It in Bio	btechno		xcept N	lanobio	technol	ogy)				
	SE		<u> </u>	UKKI	UKCE		Race/E								
	Hisp	oanic						Hispar	-	atino					
	or La	atino			N	lale					Fer	male			
				ican r		ian or slander	ian or ive	Races		rican		ian or slander	ian or ive	Races	Row
JOB CATEGORIES	Male	Female	White	:k or African American	Asian	e Hawaiian or Pacific Islander	ican Indian or Iska Native	or More Races	White	Black or an American	Asian	e Hawaiian or Pacific Islander	ican Indian or iska Native	r More Races	Row Total
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	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0 2	1 10	 0 1	0 11	0	0	0	1 9	0	0 8	0	0	0	Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	0 0 2 0 0	0 2 2 0 0	1 10 5 0 0	0 1 1 0 0	0 11 5 0 0	0 0 0 0 0	0 0 0 0 0	0 1 0 0 0	1 9 6 0 0	0 0 0 0 0	0 8 10 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	2 42 31 0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	0 0 2 0	0 2 2 0 0 0	1 10 5 0 0 0	0 1 1 0 0 0	0 11 5 0	0 0 0 0 0 0	0 0 0 0 0 0	0 1 0 0 0 0	1 9 6 0 0 1	0 0 0 0 0 0	0 8 10 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0	Total 2 42 31 0 0 1
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 0 2 0 0 0 0 0 1	0 2 2 0 0 0 0 0 0 0 0	1 10 5 0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 0 0	0 11 5 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0	1 9 6 0 0 1 1 0 0	0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1
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	0 0 2 0 0 0 0 0 1 0	0 2 2 0 0 0 0 0 0 0 0	1 10 5 0 0 0 0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 0 0 0 0 0	0 11 5 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0	1 9 6 0 0 1 1 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 0 2 0 0 0 0 0 0 0 0 1 1 0 0 0	0 2 2 0 0 0 0 0 0 0 0	1 10 5 0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 0 0	0 11 5 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0	1 9 6 0 0 1 1 0 0	0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1
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	0 0 2 0 0 0 0 0 0 0 1 0 0 3	0 2 2 0 0 0 0 0 0 0 0 0 0	1 10 5 0 0 0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 0 0 0 0 0 0	0 11 5 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	1 9 6 0 0 1 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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	0 0 2 0 0 0 0 0 0 0 0 1 0 0 3	0 2 2 0 0 0 0 0 0 0 4	1 10 5 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 1	1 9 6 0 0 1 1 0 0 0 0 17	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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 J	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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 J	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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 J	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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 J	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0
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 J	0 0 0 0 0 0 0 0 3 3	0 2 2 0 0 0 0 0 0 0 4 8 SECTIO	1 10 5 0 0 0 0 0 0 0 0 0 0 16	0 1 1 0 0 0 0 0 0 0 2 WORK 12172	0 11 5 0 0 0 0 0 0 0 0 0 16 FORC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0 0 0 0 0 0 1 1 PERIO	1 9 6 0 1 0 0 0 0 0 1 7 D	0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 10 0 0 0 0 0 0 18	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 42 31 0 1 0 1 0 0

U.S. EQUAL EMPLO													tandard F Revised ontrol Nu	08/2023	(SF 100) 146-0049
2022 EMPLOYER IN	FORM	ATIO											ation Da		
				FION A STABLI											
		SECT	TION E	8 – EMF	LOYE	R IDEN									
OFS COMPANY ID 0636088						BRIS		LOYER N YERS S		3 CO					
ADDRESS								ITY/TOV				STATE		ZIP CC	DDE
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	BLISHN HEAD(MENT-I DUARTE	LEVEL RS OR E	IDENT STABLIS	' IFICA ' SHMEN'	ΓΙΟΝ (i Γ-LEVEL	f applica NAME	able)			
EB85042						Bristo	ol-Myer	s Squib	b Com	oany					
HEADQUARTERS OR ESTABLISHME				_				ITY/TOV				STATE		ZIP CC	
801 Pennsylvania Avenue NV				5 LOYER	IDEN	FIFICA		SHING)		DC		200	04
					220790	350)					
X YES (Employer Is Eligible				- EMPL oyer Is N						NO LOI	NGER	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
YES (Single-Establishm	ent Emr		-	<u>itity ID (</u> 1 Contra					nent Em	nlover is	Federa	l Contra	ctor)		
YES (Single-Establishing)	-	-													
	icauqua			ne or Mo				-					detor)		
		S	ECTIC	DNG-1	NAICS	INFOR	MATIO	ON				,			
				rmaceu VORKF											
			_				Race/E	Ethnicit	у						
		anic atino			N	lale	Not	Hispar	nic or L	atino	Fer	nale			_
	0. 2.														
				an		n or inde	n or e	ces		an		n or inde	n or e	Two or More Races	
JOB CATEGORIES		е	a	fric	c	aiia Isla	ndial ativ	e Ra	ω	or ìeric	c	aiia Isla	ndial ativ	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	-Law cific	an Ir ƙa N	Mor	White	Black or an Amer	Asian	- Law cific	an Ir ka N	Mor	
		Ľ	~	Black or African American	1	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	2	Black or African American	4	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	oor	
				8		Native Hawaiian or Other Pacific Islander	Am	Two		Afr		Native Hawaiian or Other Pacific Islander	Am	Two	
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	5	1	2	0	0	1	10	4	1	0	0	1	26
Professionals 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 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	1	2	0	0	1	10	5	1	0	0	1	27
PRIOR 2021 REPORTING YEAR TOTAL	1	0	1	1	1	0	0	0	6	2	0	0	0	0	12
	5	SECTIO		WORK 12/17/2		E SNAP 12/31/20		PERIO	D	-					
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN													tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
				FION A STABLI								Linpii			2021
		SECT	FION F	B – EMP	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID							EMPI	LOYER N							
0636088						BRIS		YERS S		3 CO					
ADDRESS								ITY/TOV				STATE		ZIP CO	
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	BLISH	MENT-I QUARTE	LEVEL	IDENT	TIFICA	TION (i	f applica	able)			
JG00942					HEAD	UAKIE		yoKardi			NAME				
HEADQUARTERS OR ESTABLISHMI	NT-LEV	/FL ADI	DRESS					ITY/TOV				STATE		ZIP CO	DF
1000 Sierra Poin			JILL00					RISBAI				CA		940	
		<u> </u>	- EMP	LOYER)		-			
				- EMPL		FILING									
X YES (Employer Is Eligible			-		-						NGER	IN BUS	INESS		
SEO	CTION	F – FE	DERA	L CONT ntity ID (FRACT	OR DE		TION (if applic	able)					
YES (Single-Establishm	ont Emn		-	· ·	·	-			nont Em	nlover i	Eadara	1 Contro	ator)		
	-	-													
X YES (F	Ieadqua							-					actor)		
				ne or Mo		-			nments i	s Federa	l Contra	actor)			
				DN G – 1 rmaceu					ina						
				VORKF											
							Race/E	Ethnicit	у						
		anic			-		Not	Hispar	nic or L	atino.	_				1
	or La	atino		1	N I	lale	r				Fer	male			
						r ler	5	s		-		er Ier	5	ŝ	
				can		an c anc	ve a	ace		car		an c anc	an c	ace	Row
JOB CATEGORIES	۵	ale	e	√fri	_	/aiia	ndi: lati	e R	e	or	c	/aiia	ndi: lati	e R	Total
	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	
	-	щ	>	Am	◄	Pa	ask	o_	>	Bl	•	Pa	ask	or	
				Bla		lativ	AI	Ň		Afri		lativ	AI	Ň	
						zğ	٩	-				zğ	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	4	10	0	16	0	0	2	16	4	17	0	0	2	73
Professionals Technicians	1	3	12 0	1	12 0	0	0	1	10 0	1	20 0	0	0	1	62 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	1	0	0	0	0	0	1	1	0	0	3
Craft Workers 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	7	22	1	29	0	0	3	27	5	38	1	0	3	139
PRIOR 2021 REPORTING YEAR TOTAL	1	5	21	1	28	0	0	2	23	4	46	0	0	4	135
	5	SECTI	ON I –	WORK 12172		E SNAP		PERIO	D						
SECTION J	– HEAI	DQUA	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments Provided		C								× 1	,				
1															

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
						E OF R									
		SECT		-	-	R IDEN	-	ATION							
OFS COMPANY ID		5201			2012		EMPL	.OYER N							
0636088						BRIS	TOL-M	YERS S	SQUIBE	B CO					
ADDRESS								ITY/TOW				STATE		ZIP CO)DE
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID HV89344					HEAD	-	Celgen			Γ-LEVEL	NAME				
			DECC											710.00	DE
HEADQUARTERS OR ESTABLISHME 1522 217th Place			JRESS									STATE WA		ZIP CO 980	
			- EMPI			FIFICA)				000	
				- EMPL		FILING									
YES (Employer Is Eligible	to File)		(Empl	oyer Is N	lot Elig	ible to F	File) 🗌	EMPL	OYER	NO LOI	NGER	IN BUS	INESS		
SEC	CTION	F – FE	DERA	L CONT	RACI	OR DE	SIGNA	TION (if applic	able)					
			•		^	UNAVA									
YES (Single-Establishm	-	-													
X YES (H	Ieadqua	rters is	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	rs Establ	ishment	is Fede	ral Conti	actor)		
		<mark>X</mark> Y	ES (O	ne or Mo	ore Nor	n-Headqu	uarters H	Establisł	nments i	s Federa	l Contr	actor)			
						INFOR									
						eparation									
	51		11-1	VOKKI	OKCL		Race/E								[
	Hisp	anic						Hispar	-	atino]
	or La	atino			N	lale	1	1		1	Fer	nale	1		
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				an		n o and	e o	ace		can		n o and	e o	ace	Row
JOB CATEGORIES		e	σ	fric an	c	aiia Isla	ativ	e R	a	or	c	aiia Isl	ndia ativ	e R	Total
	Male	Female	White	ck or Afric American	Asian	law	a Ir	Mor	White	Black or an Amer	Asian	law	a Ir a N	Mor	
	~	Ъ	5	Black or African American	A	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	5	Black or African American	◄	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
				Bla		ativ	A	Ň		Afri		ativ her	AI	Ň	
						zŏ	∢	Ĥ				zŏ	∢	É	
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	6	10	72	5	21	0	0	3	42	4	26	0	0	3	192
Professionals Technicians	5 4	5 2	56 18	5 2	13 12	3	0	5 2	43 20	3	20 18	0	1 0	5 2	164 81
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	2	1	0	0	0	1	5
Craft Workers Operatives	0 9	0	2 57	0	1 22	0	0	0 5	0 30	0	0 16	0 9	0	0 5	3 173
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	24	24	205	18	69	8	0	15	137	12	80	9	1	16	618
PRIOR 2021 REPORTING YEAR TOTAL	20	18	187	10	50	7	0	8	123	9	59	4	1	9	505
	2	SECTIO	ON I –			E SNAP		PERIO	D						
SECTION J No Comments Provided	- HEA	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No comments Fronded															

U.S. EQUAL EMPLO 2022 EMPLOYER IN													Revised ontrol Nu		46-0049
				FION A STABL											
		SECT	TION E	B – EMI	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID								LOYER N							
0636088						BRIS		YERS S		3 CO					
ADDRESS								ITY/TOV				STATE		ZIP CC	
430 EAST 29TH STREE								EW YO				NY		100	16
SECTION C – HI	EADQU	JARTE	RS OR	ESTAI	BLISHN	AENT-I	LEVEL	IDENI	'IFICA'	FION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
6116312						Bristo		s Squib		bany					
HEADQUARTERS OR ESTABLISHME 3551 Lawrencey			DRESS					TTY/TOW				STATE		ZIP CC	
	SECTI		EMPI	LOYER	IDEN	FIFICA)		NJ		0854	40
					220790	350				,					
X YES (Employer Is Eligible					-					NO LOI	NGER	IN BUS	INESS		
SEC	CTION								if applic	able)					
YES (Single-Establishm	ent Emr		-	<u>itity ID (</u> 1 Contra					nent Fm	nlover is	Federa	l Contra	ctor)		
X YES (Find the state of the st	-	-													
	readqua							-		s Federa			uetor)		
	;			DNG- rmaceu					ing						
	SF	ECTION	V H – V	VORKI	ORCE	DEMO	GRAP	HIC DA	TA						
								Ethnicit	-						
		oanic atino			м	ale	Not	Hispar	nic or L	atino	For	nale			-
				_		or der	ŗ	es		<u>ح</u>		or der	ъ	es	
JOB CATEGORIES				icar		an lan	ive	Sac		ica		an lan	ive	Rac	Row
JOB CATEGORIES	e	ale	fe	Afr	an	vaii ic Is	Nat	rel	te	k or	an	vaii ic Is	Ind	rel	Total
	Male	Female	White	ck or Afric American	Asian	Hay acif	an ika	Ň	White	Black or an Amer	Asian	Havacif	an ska	ω	
		<u> </u>	-	Black or African American		rPe	nerican Indian Alaska Native	o or		Black or African American		ive r P	nerican Indian Alaska Native	o	
				B		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
			10			0	0		7	0	2	-			22
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 77	2 105	981	0 73	373	2	0	0 23	1238	0 161	2 570	0 5	0 4	0 35	3647
Professionals	14	26	185	20	141	0	0	7	286	40	225	3	0	7	954
Technicians Sales Workers	1 55	1 56	6 601	4 62	1 21	1 5	0	1 14	8 896	0 53	0 55	0	0	0 30	23 1858
Administrative Support Workers	0	10	0	1	0	0	0	0	82	24	5	0	1	1	124
Craft Workers 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	147	200	1783	160	537	8	2	45	2517	278	857	11	10	73	6628
PRIOR 2021 REPORTING YEAR TOTAL						8	•	37	2286	232	660	_	11	61	5859
PRIOR 2021 REPORTING TEAR TOTAL	131	161	1701	133	429		2			202	000	7			
				WORK	FORCI		SHOT			202	000				
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			
SECTION J	5	SECTIO	ON I –	WORK 12172	FORCI 2022 - 1	E SNAP 231202	SHOT	PERIO	D			/			

U.S. EQUAL EMPLO 2022 EMPLOYER IN													andard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID 0636088								OYER N		зсо					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				NE	EW YO	RK			NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	LISHN	MENT-I	LEVEL	IDENT	IFICA	TION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID DC41105					HEAD	QUARTE Bristo	ol-Myers	s Squib	b Com		NAME				
HEADQUARTERS OR ESTABLISHME 38 Jackson														ZIP CC 0143	
	SECTI	ON D -	- EMP				TION N	JUMBE	R (EIN)					
X YES (Employer Is Eligible	-			EMPL	OYER	FILING			-	NO LOI	NGER	IN BUS	INESS		
			-	-	-	OR DE					(oblice)				
						STH8C									
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (1	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Fede	ral Contr	actor)		
						n-Headqu			iments i	s Federa	l Contr	actor)			
	3					INFOR eparation			na						
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E								
		anic atino			N	lale	Not	Hispar	nic or L	atino.	Fei	nale			-
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JOB CATEGORIES				ical		ian slan	ian ive	Rac		rica		ian slan	ian	Rac	Row
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	Male	Female	White	ck or Afric American	Asian	Ha	can ska	Wo.	White	Black or an Amer	Asian	Ha	can ska	Wo.	
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				В		Native Hawaiian or Other Pacific Islander	Arr /	Ĩ ⊢		Ąf		Native Hawaiian or Other Pacific Islander	Αr'	Ĩ ⊢	
						Ŭ						-			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 25	0 19	1 232	0 19	0 78	0	0	0 5	0 144	0	0 52	0	0	0	1 586
Professionals	15	18	143	19	48	0	0	5	125	8	78	0	0	9	468
Technicians Sales Workers	4	7 0	20 0	1 0	6 0	0	0	2	22 0	3	6 0	0	0	1	72 0
Administrative Support Workers	0	0	1	1	0	0	0	0	10	0	0	0	0	1	13
Craft Workers	4	0	20	1	1	0	0	4	0	1	0	0	0	0	31
Operatives Laborers and Helpers	32 0	14 0	104 0	37 0	16 0	0	0	7 0	32 0	6 0	15 0	0	0	3	266 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	80	58	521	78	149	0	0	23	333	27	151	0	1	16	1437
PRIOR 2021 REPORTING YEAR TOTAL	56	39	441	41	116	0	0	14	265	14	97	0	1	11	1095
	2	SECTIO	ONI-			E SNAP 1231202		PERIO	D						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

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		SECT						ATION							
OFS COMPANY ID		SECI) – EIVIT	LUIE	K IDEN			IAME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	DYMENT OPPORTUNITY COMMISSION (EEOC) Revised. OMB Control Nu Expiration Date SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME BRISTOL-MYERS SQUIBB CO STATE WITH FLOOR NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company KENT-LEVEL ADDRESS CITY/TOWN STATE NY SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FLING ELIGIBILITY NY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS CITON F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB22RD8 ment Employer is Federal Contractor) Y ES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) Y ES (Multi-Establishment is Federal Contractor) (SECTION G – NAICS INFORMATION 325412 - Pharmaceutical Preparation Manufacturing SECTION													100	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	OYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION REPORT (EEO-1 COMPONENT 1) The evided & OMB Control Num Expiration Date: SECTION A – TYPE OF REPORT SECTION A – TYPE OF REPORT SECTION B – EMPLOYER IDENTIFICATION EMPLOYER IDENTIFICATION EMPLOYER IDENTIFICATION EMPLOYER IDENTIFICATION (if applicable) BRISTOL-MYERS SQUIBB CO SECTION B – EMPLOYER IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME BRISTOL-MYERS SQUIBB CO SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 20790360 SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB2ZRD8 Ment Employer is Federal Contractor) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB2ZRD8 MERITY EXPERIMENT LEVEL NOTACTOR SECTION														
5474084					ΠΕΑΟ						NAME				
	DYMENT OPPORTUNITY COMMISSION (EEOC) SFORMATION REPORT (EEO-1 COMPONENT 1) Revised (OMB Control Num Expiration Date SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE BRISTOL-MYERS SQUIBB CO ET, 14TH FLOOR CITY/TOWN STATE BRISTOL-MYERS SQUIBB COmpany ETT-LEVEL ADDRESS CITY/TOWN STATE BRISTOL-MYERS SQUIBD COMPANY STATE DO ROAD SECTION D - EMPLOYER FILING ELIGIBILITY Ito G - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UED): STH8CL32RD8 SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UED): STH8CL32RD8 SECTION G - NAICS INFORMATION 325412 - Pharmaceutical Preparation Manufacturi													ZIPCC	DF
-			NL55					130							
	OMB Control Number Expiration Date: 00 SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE CITY/TOWN STATE STATE CITY/TOWN STATE CITY/TOWN STATE STATE CITY/TOWN STATE DENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company ENT-LEVEL ADDRESS CITY/TOWN STATE														
	EMPLOYER NAME BRISTOL-MYERS SQUIBB CO CTTY/TOWN STATE ZIP (NY EET, 14TH FLOOR NY 10 HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP (NY STATE ZIP (NY ISON Road SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STHE (Multi-Establishment Employer is Federal Contractor) IYES (Multi-Establishment is Federal Contractor) SECTION G – NAICS INFORMATION 325412 - Pharmaceutical Preparation Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino OTH Male														
	6000 Thompson Road EAST SYRACUSE NY 130 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY (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): STH8CLB2ZRD8 SS (Single-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)														
SEC	CTION								if applic	able)					
VES (Single-Establishm	ent Emr		-						nent Em	nlover is	Federa	l Contra	ctor)		
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	leadqua							-					actor)		
						-			iments i	s Federa	ll Contra	actor)			
	:	325412	- Pha	rmaceut	tical Pr	eparatio	on Man	ufacturi	ing						
	SE	CTION	N H – V	VORKF	ORCE										1
	Hier	anic	1						-	atino					-
					M	lale	NOL	пэра		auno	Fer	nale			-
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JOB CATEGORIES		a		an	_	uiiar Isla	diar	Ra		or eric		liar Isla	diar ative	Ra	Row Total
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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	2
Professionals Technicians	-						-							0	1 0
Sales Workers	-													0	0
Administrative Support Workers 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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2021 REPORTING YEAR TOTAL	6	8	227	9	3	0	3	3	108	1	9	0	0	3	380
	5	SECTIO		WORK				PERIO	D		1		1		
SECTION J	– HEA	DQUAI		12/17/2 5 OR ES				VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT	TION H	B – EMP	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID 0636088						BRIS		LOYER N		3 CO					
ADDRESS							C	ITY/TOW	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			MENT-I QUARTE						able)	•		
GN66710						Celg	gene Qi	uantical	Resea	rch					
HEADQUARTERS OR ESTABLISHME 1500 Owens Stree			ORESS					ITY/TOW				STATE CA		ZIP CC 941	
			- EMP	LOYER)		On		0410					
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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															
SEC	CTION								if applic	able)					
YES (Single-Establishm	ent Emp								nent Em	ployer is	Federa	l Contra	ctor)		
X YES (F	Ieadqua	rters is 1	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			iments i	s Federa	l Contra	actor)			
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	SE	CTION	V H – V	VORKF	ORCE	DEMO									 T
	Hisn	anic	1					thnicit Hispan		atino					-
		atino			N	lale		mopun			Fer	nale			
				-		or der	ŗ	es		2		or der	ŗ	es	
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
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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 16
Professionals	0	1	2	0	0	0	0	1	2	0	5	0	0	0	11
Technicians 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 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 CURRENT 2022 REPORTING YEAR TOTAL	0	0	0 4	0	0	0	0	0	0 8	0	0	0	0	0	0 27
PRIOR 2021 REPORTING YEAR TOTAL	1	4 SECTIO	10 ON I –			0 E SNAP		1 PERIO	16 D	0	11	0	0	0	50
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SECTION J No Comments Provided	– neai	UQUAI	K I E Kč	OK ES	IADL	ISHIVIE	NI-LE	VELU	JIVIIVIEJ	NIS (op	uonai)				

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		SECT		STABLI				ATION							
OFS COMPANY ID		SECI) – ENIR	LUIE	K IDEN		LOYER N	AME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS								ITY/TOW				STATE		ZIP CC	DDE
430 EAST 29TH STREE								EW YO				NY		1001	16
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I DUARTE	LEVEL	IDENT	IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID MG85232					HEADQ	-		e Corpo		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	INT_I F	FI ADI	PESS					STATE		ZIP CC	DE				
1000 Dexter Ave N			NL55					ITY/TOW				WA		9810	
	SECTI	ON D -	- EMPI	LOYER)										
VES (Employer In Elizible	220790350 SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSI SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
				•	-						NGER	IN BUS	INESS		
SEV				tity ID (n applic	able)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
¥ YES (F	-	-													
	readqua			ne or Mo				-							
				$\overline{\mathbf{DN} \mathbf{G} - \mathbf{I}}$		-			intento i	3 I cucit	ii Conus	uctor)			
		325412	- Pha	rmaceu	tical Pr	eparatio	on Man	ufacturi	ng						
	SE	CTION	NH-V	VORKF	ORCE										1
	Hisp	anic	1					Ethnicit Hispan	•	atino					
		atino			M	lale					Fer	nale			
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				an		io u	n or	ICes		an		n o	n or	Ices	_
JOB CATEGORIES		e		an	_	aiia Isla	ativ	e Re	-	or ieric	_	aiia Isla	ativ	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	law:	a h	Nore	White	Black or an Amer	Asian	lawa	a In	lore	
	2	Fe	\$	Black or African American	A	/e H Pac	nerican Indian Alaska Native	or N	\$	Black or African American	A	le H Pac	nerican Indian Alaska Native	or N	
				Bla		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afri		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
						2 ð						2 ð		F	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 4	0	0 32	0 1	0 7	0	0	0 1	0 44	0	0 16	0	0	0	0 111
Professionals	2	0	2	2	4	0	0	1	12	1	7	0	0	1	32
Technicians 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	1	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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	6	4	35	3	11	0	0	2	59	3	23	0	0	2	148
PRIOR 2021 REPORTING YEAR TOTAL	3	5	47	2	12	0	0	2	60	5	23	0	0	2	161
	5	SECTIO	ON I –	WORK		E SNAP		PERIO	D						
SECTION J	-HEA	DOUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments Provided		- C								(-F	,				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised ontrol Nu	Form 100 08/2023 umber: 30 tte: 08/31	46-0049
						E OF RI NT REF									
		SECT	TION H	B – EMP	PLOYE	R IDEN									
OFS COMPANY ID 0636088						BRIS		LOYER N YERS S		всо					
ADDRESS							С	ITY/TOW	WN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	LISH	MENT-I	LEVEL	IDENT	IFICA	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID NZ64090					HEAD	QUARTEI Turnii		stablis nt Thera			NAME				
HEADQUARTERS OR ESTABLISHME			DRESS					ITY/TOV				STATE		ZIP CC	
3580 Carmel Mou			- FMP	OVER	IDFN	FIFICA				D		CA		921;	30
					220790										
X YES (Employer Is Eligible						/ 4			-	NO LOI	NGER	IN BUS	INESS		
SEC	CTION	F – FE Un	DERA l ique Er	L CONT	FRACT UED:	TOR DE	SIGNA	TION (if applic	able)					
YES (Single-Establishm	ent Emp		•		ć	-			nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	Ieadqua	rters is	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	rs Establ	ishment	is Feder	ral Conti	ractor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
541714 -		rch an	d Deve	lopmer	it in Bio		logy (e	xcept N		technol	ogy)				
	51		11 - 1	VOKKI	UNCL			Ethnicit							1
	Hisp	anic						Hispar	-	atino					-
	or La	atino		1	N	lale	1				Fer	nale	1		4
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
						έŸ	Ā	ŕ		4		ΰđ	A	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	2	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers Professionals	1 0	1	17 3	0	1	0	0	1	18 9	1	12 2	0	0	0	52 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 Craft Workers	0	0	0	0	1	0	0	0	4	0	2 0	1 0	0	0	8
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 CURRENT 2022 REPORTING YEAR TOTAL	0 1	0 1	0 20	0	0 4	0	0	0 1	0 32	0	0 16	0	0	0	0 77
PRIOR 2021 REPORTING YEAR TOTAL															
		SECTI	ON I –			E SNAP		PERIO	D	I				1	<u> </u>
SECTION J No Comments Provided	– HEA	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													orm 100 08/2023 mber: 30 te: 08/31/	
				TION A STABLI								Expl	ution Du		2021
		SECT		3 - EMP	-		-	ATION							
OFS COMPANY ID		SECI) – E.WIF	LUIE	K IDEN		LOYER N	IAME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	в со					
ADDRESS								ITY/TOV				STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		1001	16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	LEVEL	IDENT	IFICA'	<mark>ΤΙΟΝ</mark> (i Γ-LEVEL	f applica	able)			
JG01175					HEADQ			e Corpo		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	FI ADI	DRESS									STATE		ZIP CC	DE
4242 Campus Point C								AN DIE				CA		9212	
				LOYER		[)									
				- EMPL		FILING									
YES (Employer Is Eligible			-	-	-						NGER	IN BUS	INESS		
SEC	CTION			L CON					if applic	able)					
YES (Single-Establishm			-	ntity ID (· · · · ·						. F . J	1.0	- +		
X YES (F	leadqua							-					actor)		
									iments i	s Federa	l Contra	actor)			
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				VORKF											
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		anic atino			M	lale	Not	Hispar	nic or L	atino.	For	nale			-
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				<u>د</u>		or	ŗ	ses		E		or Ider	P	ses	
JOB CATEGORIES				ica n		iian slar	lian tive	Rac		r rica		iian slar	lian tive	Rac	Row
	Male	nale	White	. Afr	Asian	fic la	Na	ore	White	k o Ame	Asian	iwai fic l	lnd Na	ore	Total
	Ř	Female	₹	Black or African American	As	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	N N	Black or African American	Asi	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
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				ш		Oth Na	Ar	₽		◄		Oth Na	Ar	₽	
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	5	0	0	1	0	0	2	0	0	0	10
Professionals Technicians	1	2 0	7 0	1 0	8 0	0	0	0	3 0	0	3	0	0	1 0	26 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	1 0	0	0	0	0	0	0	0	0	0	1 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														37
CURRENT 2022 REPORTING YEAR TOTAL	0 1	2	9	1	14	0	0	1	3	0	5	0	0	1	
CURRENT 2022 REPORTING YEAR TOTAL PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2	12	0	14	0	0	1	6	0	5 6	0 0	0	1	42
	1 0	2 2	12	0 WORK	14 FORC	0 E SNAP	0 SHOT	1	6						42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42
PRIOR 2021 REPORTING YEAR TOTAL	1 0	2 2 SECTIO	12 ON I –	0 WORK 12172	14 FORC 2022 - 7	0 E SNAP 1231202	0 SHOT 2 22	1 PERIO	6 D	0	6				42

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	andard F Revised ontrol Nu ation Dat	08/2023 mber: 30	
						E OF R									
		SECT		-	-	R IDEN	-	ATION							
OFS COMPANY ID		blei			LUIL			.OYER N	IAME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	TFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE	RS OR E	STABLIS	SHMENT	-LEVEL	NAME				
HV89436							Celgen	e Corpo	oration						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	ORESS				С	ITY/TOW	VN			STATE		ZIP CC	DDE
400 Dexter Avenue No												WA		981	09
	SECTI	ON D -	- EMPI				TION N	NUMBE	CR (EIN)					
X YES (Employer Is Eligible				- EMPL	OYER	FILING					NGER	IN BUS	INESS		
			-	-	-	FOR DE									
SEC		r – re. Un	ique Er	tity ID (UEI):	UNAVA			n appne	able)					
YES (Single-Establishm	ent Emr	olover is	Federa	l Contra	ctor) 🛛	YES (Multi-Es	stablishn	nent Em	plover is	Federa	l Contra	ctor)		
	-	-													
YES (F	ieadqua							-					actor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
						INFOR eparation			ina						
						DEMO									
							Race/E								
	Hisp	anic					Not	Hispar	nic or L	atino					
	or La	atino		r	N	lale	r	r		r	Fer	nale		-	_
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				an		o u	e ol	ICe		an		o u	e o	Cei	_
JOB CATEGORIES		e		an	_	aiia Isla	dia	Ra		eric	-	lia	dia	R	Row Total
	Male	Female	White	r Ai	Asian	ava	Ч Ž	lore	White	Am	Asian	awa ific	u n N	lore	i otai
	Σ	Fer	≥	ck or Afric American	As	e Ha	icar ska	Σ	≥	Black or an Amer	As	e Ha	icar ska	Σ	
				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	
				8		Sth.	An	≧		Ā		Sth.	An	_× ⊢	
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Executive/Senior Level Officials and Managers	0 5	0 7	1 82	0	0 29	0	0	0 4	1 74	0	0 43	0	0	0	2 249
First/Mid-Level Officials and Managers Professionals	17	13	101	2	29 44	1	0	4	101	4	43 90	0	0	17	397
Technicians	0	0	0	0	0	0	0	1	1	0	1	0	0	1	4
Sales Workers 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	1	0	0	0	0	1	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	22	22	185	3	73	2	1	12	179	6	135	0	0	20	660
PRIOR 2021 REPORTING YEAR TOTAL	21	17	179	5	70	1	1	11	171	9	109	0	0	16	610
	5	SECTI	ON I –			E SNAP		PERIO	D						
CEOTION I	TIEAT		DTED			1231202			MME	TTC ((¹ 1)				
SECTION J No Comments Provided	– HEAI	DQUAI	KIEKS	OKES	IABL	ISHME	NI-LE	VEL CO	JMME	N15 (op	tional)				
1															

	IPLOYMENT OPPORTUNITY COMMISSION (EEOC) EEOC Standard Form 100 (SF 100 Revised 08/2023) CR INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 08/31/2024													46-0049	
		SECT						ATION							
OFS COMPANY ID		SEC) – EIVII	LUIL	K IDEN			AME						
0636088						BRIS	TOL-M	YERS S	QUIBE	3 CO					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	ET, 14TH FLOOR NEW YORK NY EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company ENT-LEVEL ADDRESS CITY/TOWN STATE Z ON Pike LAWRENCE TOWNSHIP NJ SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY e to File) D NO (Employer Is Not Eligible to File) D EMPLOYER NO LONGER IN BUSINESS CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB2ZRD8													100	16
	Expiration Date: 00 SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER IDENTIFICATION EMPLOYER NAME BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE ZII NY 1 HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company MENT-LEVEL ADDRESS CITY/TOWN STATE ZII MENT-LEVEL ADDRESS CITY/TOWN STATE ZII MENT-LEVEL ADDRESS CITY/TOWN STATE ZII STATE ZII MENT-LEVEL ADDRESS CITY/TOWN STATE ZII STATE ZII MENT-LEVEL ADDRESS CITY/TOWN STATE ZII SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 20790350 SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-					NAME				
HF70871	OYMENT OPPORTUNITY COMMISSION (EEOC) NFORMATION REPORT (EEO-1 COMPONENT 1) Revised 08:20 OMB Control Number: Expiration Date: 08 SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT SECTION B - EMPLOYER OF REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME BRISTOL-MYERS SQUIBB CO CITY/TOWN STATE ZIP EET, 14TH FLOOR CITY/TOWN STATE ZIP HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company WENT-LEVEL ADDRESS CITY/TOWN STATE ZIP wtent-LEVEL ADDRESS CITY/TOWN STATE ZIP Ditto Pike SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION S = EMPLOYER FILING ELIGIBILITY Ditto Pike SECTION F - EDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH&CLB2ZRD8 STHE CONTRACTOR) STHE CHARLON TRACTOR Ment Employer is Federal Contractor) Y YES (One or More Non-Headquarters Establishment is Federal Contractor) SECTION G - NAICS INFORMATION 325412 - Pharmaceutical Preparation Manufacturing SECTION G - NAICS INFORMATION SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino Not Hispanic or Latino														
HEADQUARTERS OR ESTABLISHME	CITY/TOWN STATT NEW YORK NY ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company Bristol-Myers Squibb Company NT-LEVEL ADDRESS CITY/TOWN STATT n Pike LAWRENCE TOWNSHIP NJ SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BU TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB2ZRD8 ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)													ZIP CC	
3401 Princeto						NJ		0864	48						
	MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP C ton Pike LAWRENCE TOWNSHIP NJ 086 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY le to File) I NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
VFS (Employer Is Eligible	220790350 SECTION E – EMPLOYER FILING ELIGIBILITY uployer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEA									n appne	aute)					
YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (F	- Ieadana	rters is	Federal	Contrac	tor) 🔀	YES (N	Jon-Hea	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
	rounding							-					uetor)		
						-			intents i	s reuera	i Collu	actor)			
	3	325412	- Pha	rmaceu	tical Pr	eparatio	on Man	ufacturi	ng						
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	Hien	anic								atino					
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JOB CATEGORIES				n rica		iian slaı	dian tive	Ra		ric.		iian slaı	dian tive	Ra	Row
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	Ž	Female	۲×	ck or Afric American	As	e Ha	nerican Indian Alaska Native	ž	N N	Black or an Amer	As	e Ha	nerican Indian Alaska Native	Ž	
				Black or African American		itive er F	neri Ala	0 0		Black or African American		er F	neri Ala	0 0	
				ш		Oth Na	An	₽		Ă		Oth Na	An	Ľ	
Executive/Senior Level Officials and Managers	2		6		3	_	0	0	5	1	0	0	0	0	19
First/Mid-Level Officials and Managers	43	57	495	42	201	1	3	13	о 611	86	327	2	0	13	1894
Professionals	8	12	37	5	21	0	0	2	75	10	38	0	0	2	210
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 4
Administrative Support Workers	0	11	0	0	0	0	0	0	113	15	4	0	0	4	147
Craft Workers 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	53	81	538	48	225	1	3	15	808	112	369	2	0	19	2274
PRIOR 2021 REPORTING YEAR TOTAL	48	84	551	40	219	0	1	12	814	108	380	2	1	17	2277
	2	SECTIO				E SNAP 12/31/20		PERIO	D						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu	08/2023 mber: 30	46-0049
												Expir	ration Dat	te: 08/31	/2024
				STABLI											
OFS COMPANY ID		SECT	TION H	B – EMP	LOYE	R IDEN									
0636088						BRIS				3 CO					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	EET, 14TH FLOOR NEW YORK NY HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Celgene Corporation MENT-LEVEL ADDRESS CITY/TOWN STATE BERKELEY HEIGHTS NJ SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY OLIGIBILITY OLIGIBILIE MEDITIFICATION LONGER IN BUSINESS														16
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	ELISHN HEADO	MENT-I	LEVEL RS OR E	IDENT STABLIS	'IFICA' SHMEN'	<mark>ΓΙΟΝ</mark> (i Γ-LEVEL	f applica	able)			
JG01142						-									
HEADQUARTERS OR ESTABLISHME		/EL ADI	DRESS			ZIP CC									
400 Connell								NJ		0792	22				
	HMENT-LEVEL ADDRESS CITY/TOWN STATE Z nell Drive BERKELEY HEIGHTS NJ Z SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 Z Z SECTION E – EMPLOYER FILING ELIGIBILITY sible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) EMPLOYER NO LONGER IN BUSINESS														
_	220790350 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)														
	X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	CTION								if applic	able)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						-			iments i	s Federa	l Contra	actor)			
				DNG-1 rmaceut					na						
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						•
	Hisn	anic	1				Race/E	thnicit Hispar		atino					-
		atino			N	lale		inspar		auno	Fer	nale	T		
						r r	-	s				r r	L	s	
				can		an o land	an o ve	tace		ican		an o land	an o ve	tace	Row
JOB CATEGORIES	e	ale	ite	Afri ican	an	waii ic Is	Indi Nati	re F	ite	k or mer	an	waii ic Is	Indi Nati	ore F	Total
	Male	Female	White	ck or Afric American	Asian	e Ha acif	nerican Indian Alaska Native	r Mo	White	Black or an Amer	Asian	e Ha	nerican Indian Alaska Native	r Mo	
				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	
				-		ğğ	Ā	₽		٩		žġ	Ā	Ļ	
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	6 0	1 0	32 1	7 0	72 2	0	0	0	27 2	4	75 2	0	0	1 0	225 7
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	0	0	0	0	0	0	0 5
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	7	2	33	7	74	0	0	0	32	4	77	0	0	1	237
	5	0	41	11	04	1	0	1	71	10	96	0	0	2	220
PRIOR 2021 REPORTING YEAR TOTAL	5	8 SECTIO	41 ON I –	11 WORK	94 FORC	1 E SNAP		1 PERIO	71 D	10	86	0	0	2	330
SECTION J	- HEAI	DOUAI	TER			123120 ISHME		VEL CO)MMF	NTS (on	tional)				
No Comments Provided	- IILAI	DQUA		, OK ES	TADL					u b (op	uonai)				

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														46-0049
						E OF R		•				Expli		le. 00/51	2024
		SECT				R IDEN		TION							
OFS COMPANY ID		SECI) – ENIP	LUIE	K IDEN		OYER N	IAME						
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14TI	H FLO	OR				N	EW YO	RK			NY		100	16
	EADQU	ARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	IFICA	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD						NAME				
T570262	EET, 14TH FLOOR NEW YORK NY 100 HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bristol-Myers Squibb Company MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP C Park Blvd PRINCETON NJ 083 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY ble to File) MENDOYER NO LONGER IN BUSINESS														
-			DRESS												
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY													000	54
		SECTI	ON E -				G ELIG	IBILIT	Y						
	S (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CTION								if applic	able)					
YES (Single-Establishm	ent Emp		-						nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	-	-													
	1				. —	n-Headqu		•							
		S	ECTIC	DN G - 1	NAICS	INFOR	MATIO	DN							
	SE	CTION	NH – V	VORKF	ORCE	DEMO	GRAP	HIC DA	TA						
								thnicit	-						
	Hisp or La				M	lale	Not	Hispar	nic or L	atino	For	nale			_
				[14			[rei	liale			
				-		or der	ŗ	es		c		or der	ŗ	es	
JOB CATEGORIES				icar		ian slan	ian	Rac		rica		ian slan	ian	Rac	Row
	Male	nale	White	Afr 'ica	Asian	wai ic Is	Ind Nat	ore	White	k o	Asian	wai ic Is	Ind Nat	ore	Total
	Ма	Female	٩Ŋ	ck or Afric American	Asi	Haacif	can ska	Ĕ	٩N	Black or an Amer	Asi	Haacif	can ska	Ň	
		-		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				B		Native Hawaiian or Other Pacific Islander	An ,	Ľ		Ą		Native Hawaiian or Other Pacific Islander	An	Ě	
Even the /Oaning Lovel Officials and Manageme	0	0	0	0	0		0	0	2	0	0	-	0	0	2
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	7	3	153	13	88	1	0	1	71	8	69	0	0	1	416
Professionals Technicians	1	0	4	1 0	3	0	0	1 0	4 0	0	3 0	0	0	0	17 1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	3 0	0	0	0	0	0	3 0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	3	157	14	92	1	0	2	80	8	72	1	0	1	439
PRIOR 2021 REPORTING YEAR TOTAL	11	12	207	19	89	0	0	2	124	11	73	0	1	3	552
	5	SECTIO	ON I –			E SNAP		PERIO	D						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No comments Flowded															

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
				FION A STABLI				1				Бура	auon Du	10.00/31	/2024
		SECT		B – EMF				ATION							
OFS COMPANY ID 0636088		<u>ble</u>			LUIL			.OYER N		3 CO					
ADDRESS						Brito		ITY/TOV				STATE		ZIP CO	DF
430 EAST 29TH STREE	T, 14T	H FLO	OR					EW YO				NY		100	
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID T031042					HEADQ		RS OR E gnal Re			Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	INT-I EV		DRESS		- 1 -	0	<u> </u>	ITY/TOV		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE		ZIP CC	DF
10300 Campus Point I												CA		9212	
	SECTI	ON D -	-EMP	LOYER)									
	220790350 SECTION E – EMPLOYER FILING ELIGIBILITY XYES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN														
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															
SEC	CTION								if applic	able)					
YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) X	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	ıl Contra	ctor)		
X YES (F	Ieadqua	rters is 1	Federal	Contrac	tor) X	YES (N	Non-Hea	dquartei	s Establ	ishment	is Fede	ral Conti	actor)		
		X Y	ES (O	ne or Mo	ore Nor	n-Headqu	uarters I	Establisł	nments i	s Federa	al Contr	actor)			
)N G – 1											
				rmaceu VORKF											
		-					Race/E		-	_					
		anic atino			M	lale	Not	Hispar	nic or L	atino.	Fer	male			-
											_				
				an		n or	n or e	ces		an		n or Inde	n or	seo	
JOB CATEGORIES		e	đ	fric	-	aiia	ndial ativ	e Ra	Ø	or ieric	-	aiia Isla	ndial ativ	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	Haw cific	an Ir (a N	Mor	White	Black or an Amer	Asian	Law cific	an Ir <a n<="" td=""><td>Mor</td><td></td>	Mor	
	-	Ъ	>	Black or African American	٩	rPa	American Indian or Alaska Native	Two or More Races	>	Black or African American	•	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				B		Native Hawaiian or Other Pacific Islander	Ame	Two		Afr		Native Hawaiian or Other Pacific Islander	Ame	Two	
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 Professionals	5 13	1 7	27 41	0	12 35	0	0	0	15 32	0	11 35	0	0	3	74 170
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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	18	9	72	3	47	0	1	1	49	0	46	0	0	6	252
PRIOR 2021 REPORTING YEAR TOTAL	20	6	64	2	44	1	1	1	47	0	41	0	0	4	231
	5	SECTIO	ON I –	WORK 12172		E SNAP 123120		PERIO	D						
SECTION J	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

U.S. EQUAL EMPLO 2022 EMPLOYER IN													tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI NT REF									
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	LOYER N							
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO					
ADDRESS							C	ITY/TOW	VN			STATE		ZIP CC	DDE
430 EAST 29TH STREE	T, 14TI	H FLO	OR				N	EW YO	RK			NY		100	16
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE					NAME				
5315952						Bristo	ol-Myers	s Squib	b Com	bany					
HEADQUARTERS OR ESTABLISHME		'EL ADI	ORESS					ITY/TOV				STATE		ZIP CC	DDE
1 Squibb D														089	03
	SECTI	ON D -	- EMPI				TION N	NUMBE	CR (EIN)	•		•		
X YES (Employer Is Eligible				EMPL	OYER	FILING					NCED	IN DUS	INESS		
			_	-	-						IGER	IN DUS	INESS		
SEC	TION					OR DE			if applic	able)					
YES (Single-Establishm	ont Emn		-						oont Em	nlover i	Fadara	1 Contra	ctor)		
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
		S	ECTIC)NG – 1	NAICS	INFOR	MATIO	ON							
	SE	325412 CTIO	- Pha	MACOU VODKE	tical Pr	eparation DEMO	ON Man	ufacturi	ng TA						
	SE		<u> </u>	VOKKI	OKCL			Ethnicit							
	Hisp	anic						Hispar	-	atino					-
		atino		-	M	lale					Fer	nale			
		1				-						<u> </u>			
				Ę		n or nde	J O	ces		an		n or	o d	ces	
JOB CATEGORIES				ы Г		iiar sla	liar tive	Ra		ric ric		iiar sla	liar tiv€	Ra	Row
	Male	Jale	White	Af	Asian	iwa fic I	n Sa	ore	White	ж М	Asian	iva fic l	Na Na	ore	Total
	Ŵ	Female	X	ck or Afric American	Asi	Ha	can ska	ž	Ž	Black or an Amer	As	Haaci	can ska	Š	
		-		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	
		1		B		Nat	Am /	ž		Af		Nat	Am /	Ň	
						- 0						- 0		•	
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 Professionals	48 24	38 21	389 137	29 19	197 90	2	0	4	222 133	30 18	164 128	2	0	3	1128 577
Technicians	10	4	19	12	17	0	0	0	18	4	8	0	0	1	93
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	1 18	1	0	0	0	0	24 0	5 0	0	0	0	0	31 21
Operatives	0	2	7	2	0	0	0	0	2	3	1	0	0	0	17
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	82	66	572	64	306	2	0	7	399	60	301	2	0	8	1869
PRIOR 2021 REPORTING YEAR TOTAL	80	57	571	63	292	1	0	4	391	53	299	1	0	5	1817
PRIOR 2021 REPORTING TEAR TOTAL						E SNAP				55	235		U	3	1017
			0111			1231202									
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

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				
				TION A STABLI													
		SECT		B – EMP				ATION									
OFS COMPANY ID		5201	10112		2012		EMPI	LOYER N									
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO							
ADDRESS								ITY/TOV				STATE		ZIP CC			
430 EAST 29TH STREE								EW YO				NY		100	16		
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			MENT-I QUARTE						able)					
GN66654						ZOTINIE		eceptos									
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADI	ORESS					ITY/TOV				STATE		ZIP CC	DDE		
3033 Science Park Road, Suite 300 SAN DIEGO CA 92121 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															21		
	SECTI	ON D -	EMP		IDEN'		TION	NUMBE	CR (EIN)							
X YES (Employer Is Eligible				• EMPL over Is N	-						NGER	IN BUS	INESS				
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)																	
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)																	
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																	
325412 - Pharmaceutical Preparation Manufacturing																	
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																	
	Hispanic Not Hispanic or Latino																
	or Latino Male Female																
						er	<u>ب</u>	s				er r	Ļ	s			
				can		an c and	an c ve	ace		can		an c and	an c ve	ace	Row		
JOB CATEGORIES	e	ale	e	Afri can	Ę	vaiia c Isl	ndia	e R	e	or	Ę	vaiia c Isl	ndia	e R	Total		
	Male	Female	White	ck or Afric American	Asian	Hav Icifi	an I ka N	Mo	White	Black or an Amer	Asian	Hav	an I ka N	Mol			
		Ľ.	-	Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	-	Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races			
				B		Native Hawaiian or Other Pacific Islander	Am	Two		Afi		Native Hawaiian or Other Pacific Islander	AmA	Two			
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	5	14	0	10	0	0	0	15	0	9	0	1	1	56		
Professionals	1	2	1	0	2	0	0	1	6	0	3	1	0	0	17		
Technicians 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	1	2		
Craft Workers 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	2	7	15	0	12	0	0	1	22	0	12	1	1	2	75		
PRIOR 2021 REPORTING YEAR TOTAL	3	6 EECTI	15	0 WORK	11 EOBC				28	1	19	1	1	2	88		
	r.	SECIN	JN 1 -			1231202		PERIO	U								
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)						
No Comments Provided																	

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
				TION A STABLI													
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFIC	ATION									
OFS COMPANY ID 0636088							EMPI	LOYER N YERS S		в со							
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE		
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16		
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	LEVEL	IDENT	'IFICA'	ΓΙΟΝ (it	fapplic	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID AG09314					HEADQ			STABLIS e Corpo		ſ-LEVEL	NAME						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS					ITY/TOV				STATE		ZIP CC	DDE		
7 Powder Hor	er Horn Drive WARREN NJ 07059 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														59		
				2	220790	350			-)							
X YES (Employer Is Eligible				- EMPL							ICFR	IN RUS	INFSS				
			_	L CONT	-						IGEN .	IN DUS	INESS				
SEA		Un	ique Er	tity ID (UEI):	UNAVA			n appire	able)							
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor) X	YES (I	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)				
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)				
		X Y	ES (O	ne or Mo	ore Non	-Headqu	uarters I	Establish	iments i	s Federa	l Contra	actor)					
	3			DNG-N rmaceut					na								
				VORKF													
Race/Ethnicity															_		
	Hispanic 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		
				Bla		Nativ Other	Ame Al	Two		Afri		Nativ Other	Ame Al	Two			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 8	0	0 32	0 5	0 13	0	0	0	0 19	0	0 21	0	0	0	0 111		
Professionals	8	11	20	2	21	1	0	2	27	6	28	0	0	3	129		
Technicians Sales Workers	1	0	0	0	1	0	0	0	3 0	0	1	0	0	0	6 0		
Administrative Support Workers	0	0	3	0	0	0	0	0	1	1	0	0	0	1	6		
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives Laborers and Helpers	0	4	9 0	2 0	2	0	0	0	5 0	3 0	1 0	0	0	0	26 0		
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2022 REPORTING YEAR TOTAL	17	21	64	9	37	1	0	2	55	16	51	1	0	4	278		
PRIOR 2021 REPORTING YEAR TOTAL	10	14	61	7	35	2	0	2	52	11	53	1	0	3	251		
	2	SECTIO	JNI-	WORK 12172		E SNAP 1231202		PERIO	D								
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)						

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				
						E OF RI NT REF						-					
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFIC	ATION									
OFS COMPANY ID 0636088						BRIS		LOYER N YERS S		всо							
ADDRESS							С	ITY/TOW	VN			STATE		ZIP CC	DDE		
430 EAST 29TH STREE								EW YO				NY		1001	16		
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	BLISHN HEADQ	QUARTE	RS OR E	STABLIS	SHMENT	Γ-LEVEL	f applica NAME	able)					
MU89991						Bristo		s Squib		bany							
HEADQUARTERS OR ESTABLISHME 9 Roszel R		'EL ADE	DRESS			STATE NJ		ZIP CC 0854									
9 Roszel Road PRINCETON NJ 08540 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350 SECTION E – EMPLOYER FILING ELIGIBILITY																	
X YES (Employer Is Eligible				- EMPL	OYER	FILING					ICED		NECC				
				-		TOR DE					NGER	IN BUS	INESS				
SEC						STH8C			n applic	able)							
YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) X	YES (I	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)				
 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) 																	
						-Headqu			iments i	s Federa	l Contra	actor)					
	3					INFOR eparatio			ng								
						DEMO	GRAP	HIC DA	TA								
Race/Ethnicity															-		
Hispanic 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	1	3	0	0	0	0	0	1	0	0	0	0	0	5		
First/Mid-Level Officials and Managers Professionals	9 0	12 1	75 8	8 3	24 4	1 0	0	2 0	82 12	11 1	32 7	0	1 0	3 1	260 37		
Technicians	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0		
Sales Workers Administrative Support Workers	0	3	0	0	0	0	0	0	12	0	0	0	0	1	16		
Craft Workers 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	9	17	86	11	28	1	0	2	107	12	39	0	1	5	318		
PRIOR 2021 REPORTING YEAR TOTAL	1	2 SECTIO	30 ON I –	1 WORK	3 FORC	1 E SNAP	0 SHOT	1 PERIO	32 D	2	8	0	0	0	81		
SECTION J	– HEAI	DOUAI	RTERS			1231202 ISHME		VEL CO	OMME	NTS (op)	tional)						
No Comments Provided																	

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
				FION A STABL													
		SECT	TION E	B – EMI	PLOYE	R IDEN	TIFIC	ATION									
OFS COMPANY ID								LOYER N									
0636088						BRIS	TOL-M	YERS S	SQUIBE	3 CO							
ADDRESS							С	TTY/TOV	WN			STATE		ZIP CC	DDE		
430 EAST 29TH STREE	T, 14T	H FLO	OR				N	EW YO	RK			NY		100	16		
SECTION C – HI	EADQU	ARTE	RS OR	ESTAI	BLISHN	1ENT-I	LEVEL	IDENI	TFICA	ΓΙΟΝ (i	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID JG06015					HEADÇ			STABLI: e Corp		ſ-LEVEL	NAME						
HEADQUARTERS OR ESTABLISHME	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 556 Morris Avenue SUMMIT NJ 07901																
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
	SECTI	ON D -	- EMPI		IDEN1 220790		TION	NUMBE	ER (EIN)							
X YES (Employer Is Eligible				• EMPL over Is 1	-						NGER	IN BUS	INESS				
				L CON							ULK	IT DOD					
JEA	1101			tity ID					n appne	aute)							
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (I	Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)				
X YES (H																	
	1							-		s Federa							
		S	ECTIO	DNG-	NAICS	INFOR	MATIO	ON		s i cucit	a conta						
	SF	ECTION	- Pha NH – V	rmaceu VORKI		DEMO	GRAP	HIC DA	ING TA								
								Ethnicit									
		banic				_	Not	Hispar	nic or L	atino		-					
	or La	or Latino Male Female															
						er	<u>ب</u>	s				r r	<u>ب</u>	s			
				an		un o and)e o	ace		can		un o and)e o	ace	Row		
JOB CATEGORIES	0	e	a	lfric San	۲	alia	ndia	e R	e	or	<u>ح</u>	aiia Isla	ativ	e R	Total		
	Male	Female	White	ck or Afric American	Asian	Law	an Ir (a N	Mor	White	Black or an Amer	Asian	law cific	an Ir (a N	Mor			
		щ	>	Black or African American	◄	Уе F Рас	nerican Indian Alaska Native	orl	>	Black or African American	∢	Ae ⊢ Pa	nerican Indian Alaska Native	orl			
				Bla		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afri		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races			
						2 õ		-				2 ð					
Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1		
First/Mid-Level Officials and Managers Professionals	84 61	69 69	280 126	50 38	190 154	1 0	2	14 11	143 120	52 50	136 167	0	0	9 5	1030 803		
Technicians	2	7	3	1	3	0	0	1	5	0	4	0	0	0	26		
Sales Workers	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3		
Administrative Support Workers Craft Workers	0	2	1	0	0	0	0	0	10 0	3 0	1 0	0	0	0	17 2		
Operatives	85	55	59	71	44	3	0	6	44	84	55	1	1	4	512		
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2022 REPORTING YEAR TOTAL	0 233	0 203	0 470	0 160	0 392	0	0 2	0 32	0 323	0 190	0 363	0	0 3	0 18	0 2394		
	455	450	400	101	000			00	077	400	075	0	0	10	4005		
PRIOR 2021 REPORTING YEAR TOTAL	155	152 SECTIO	432 ON I –	104 WORK	326 FORCI	1 E SNAP	2 SHOT	28 PERIO	277 D	120	275	2	2	19	1895		
					2022 - 1												
SECTION J No Comments Provided	– HEA	DQUAI	RTERS	S OR ES	STABLI	SHME	NT-LE	VEL CO	OMME	NTS (op	tional)						

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)													EEOC Standard Form 100 (SF 100) Revised 08/2023						
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
				FION A STABLI															
		SECT	FION E	B – EMP	PLOYE	R IDEN													
OFS COMPANY ID 0636088						BRIS	TOL-M	OYER N	SQUIBE	всо									
ADDRESS								ITY/TOV				STATE		ZIP CC					
430 EAST 29TH STREE								EW YO				NY		1001	16				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																			
A417614					ΠΕΛΟζ	ZOMICIE	Me	darex I	nc										
HEADQUARTERS OR ESTABLISHMI 700 Bay R		EL ADI	ORESS									STATE CA		ZIP CC 9406					
700 Bay Road REDWOOD CITY CA 94063 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 940309352																			
		SECTI	ON E -	- EMPL			G ELIG	IBILIT	Y										
X YES (Employer Is Eligible				-							NGER	IN BUS	INESS						
SE	CTION			L CONT tity ID (if applic	able)									
YES (Single-Establishm	ent Emp		-						nent Em	ployer is	Federa	l Contra	ctor)						
X YES (F	Ieadqua	rters is 1	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	actor)						
				ne or Mo		-			nments i	s Federa	l Contra	actor)							
	54	1713 -	Resea	DNG-1 rch and	Devel	opment	in Nan	otechno	ology										
	SE	CTION	N H – V	VORKF	ORCE										1				
Race/Ethnicity Hispanic Not Hispanic or Latino																			
or Latino Male Female																			
						ŗ						ŗ							
				an		n or	n or	ces		an		n or	e or	ces	_				
JOB CATEGORIES		e		an	_	aiia Isla	dial ativ	e Ra		or eric	_	aiia Isla	dial ativ	e Ra	Row Total				
	Male	Female	White	or Ai eric	Asian	awa	a n N	Nore	White	Black or an Amer	Asian	awa	n n S	lore	1 Otal				
	2	Fe	3	Black or African American	Ä	e H Pac	nerican Indian Alaska Native	2	3	Bla	Ä	e H Pac	nerican Indian Alaska Native	P V					
				Bla		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					
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1				
First/Mid-Level Officials and Managers	2	1	21	0	19	0	0	0	19	0	11	0	0	0	73				
Professionals	3	1	36	2	34	0	0	3	30	2	82	0	0	3	196				
Technicians	3	1	2	0	2	0	0	0	1	0	0	0	0	0	9				
Sales Workers 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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
CURRENT 2022 REPORTING YEAR TOTAL	8	5	59	2	55	0	0	3	51	3	94	0	0	3	283				
PRIOR 2021 REPORTING YEAR TOTAL	8	5	61	3	46	0	0	5	52	3	90	0	0	4	277				
	5	SECTIO	ON I –	WORK		E SNAP		PERIO	D				•						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)								

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				
				FION A STABLI								Expli			2024		
		SECT		B – EMF				ATION									
OFS COMPANY ID		<u>bite</u>	10111		LUIL			LOYER N	IAME								
0636088						BRIS	TOL-M	YERS S	SQUIBE	B CO							
ADDRESS								ITY/TOV				STATE		ZIP CC	DDE		
430 EAST 29TH STREE								EW YO				NY		100	16		
SECTION C - HI	EADQU	ARTE	RS OR			MENT-I						able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID HR61730					HEAD	-		s i Ablis s Squib			. NAME						
HEADQUARTERS OR ESTABLISHME	INT LEV		DESS		-	Dhatt		ITY/TOV		party		STATE		ZIP CO	DE		
100 Binney S																	
	SECTI	ON D -	- EMPI		IDEN'		TION	NUMBE	CR (EIN)							
X YES (Employer Is Eligible				- EMPL	OYER	FILIN					NCED	IN DUG	NESS				
			-	L CON	-						NGEK	IN DUS	INESS				
SEC	TION	r – rei Un	ique Er	tity ID (UEI):	STH8C	LB2ZR	D8	п аррис	able)							
YES (Single-Establishm	ent Emp	lover is	Federa	l Contra	ctor) 🗙	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)				
 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 (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) 																	
				$\overline{\mathbf{ON} \mathbf{G} - \mathbf{I}}$					iments i	s Federa	ii Contr	actor)					
		325412	- Pha	rmaceu	tical Pr	eparatio	on Man	ufacturi									
	SE	CTION	N H – V	VORKF	ORCE										T		
Race/Ethnicity															-		
	Hispanic Not Hispanic or Latino or Latino Male Female														-		
				c		or	p	ses		Ē		or	ō	ses			
JOB CATEGORIES		-		ica n		ian slar	lian tive	Rac		rica		ian slar	lian tive	Rac	Row		
	Male	nale	White	Afr	Asian	wai ic l	Na	ore	White	k o Me	Asian	wai ic l	Ind Na	ore	Total		
	Ma	Female	ЧХ	Black or African American	Asi	Ha acif	American Indian or Alaska Native	Two or More Races	Å	Black or African American	Asi	Ha acif	American Indian or Alaska Native	ž			
				A		er P.	lerio	D O		rica B		er P.	lerio	0 0			
				B		Native Hawaiian or Other Pacific Islander	₩ ₩	Ť		Af		Native Hawaiian or Other Pacific Islander	₩ Am	Two or More Races			
							0			0	0			0			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	4	44	0	13	0	0	0	20	1	15	0	0	0	98		
Professionals	3	4	55	3	32	0	0	2	39	3	57	0	0	3	201		
Technicians 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 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	4	8	99	3	46	0	0	2	60	4	72	0	0	3	301		
PRIOR 2021 REPORTING YEAR TOTAL	4	3	96	4	42	0	0	0	66	3	59	0	0	1	278		
	2	SECTIO	ON I –	WORK 12172		E SNAP 123120		PERIO	D								
SECTION J	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)						
No Comments Provided										-							