EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT										Revised ontrol Nu ration Da	mber: 30				
			SECT	TON A	- TYP	E OF R	EPORT	1							
			С	ONSO	LIDATE	D REP	ORT								
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
0636088						BRIS	TOL-M	YERS S	SQUIBE	з со					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
3551 Lawrence	ille Ro	ad					PR	INCET	ON			NJ		0854	40
SECTION C – HI	EADOL	IARTE	RS OR	ESTAR	RLISHN	AENT.I	EVEL	IDENT	TFICA	TION (i	f annlica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	21200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	us or			(UARTE									
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	VEL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
					220790)					
						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ïle) 🔲	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SEG	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
		ION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): STH8CLB2ZRD8 Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)													
☐ YES (Single-Establishm	ent Emp														
X YES (Ieadaua	rters is l	Federal	Contrac	tor)	YES (N	Jon-Hea	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
— 225 \	zouaqua	X Y	ES (O	ne or Mo	ore Non	ı-Headqı	arters E	Establish							
						INFOR eparation			ina						
	SE	ECTION	V H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E								
	Hisp	oanic					Not	Hispar	nic or L	atino					
	or L	atino			M	lale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	o	Two or More Races		ڇ		Native Hawaiian or Other Pacific Islander	o .	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Rac	Row
JOB GATEGORIES	<u>0</u>	Female	ţ	ck or Afric American	an an	kai C Is	lat Par	9	te	Black or	ug.	vai c Is	lat Nat	9	Total
	Male	e l	White	o Je	Asian	Ha	ka a	₽	White	acl A	Asian	Hay	an ka	₽	
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				ä		ati her	۷ و	8		Afr		ati	۷ ۾	8	
						Zõ	٩	-		`		Ζŏ	٩	-	
Executive/Senior Level Officials and Managers	4	5	39	2	8	0	0	0	26	5	8	0	0	0	97
First/Mid-Level Officials and Managers	408	461	3287	293	1575	12	6	95	3198	426	1849	13	6	108	11737
Professionals	245	272	1108	153	775	5	4	70	1223	182	1100	5	4	77	5223
Technicians	34	23	81	21	42	1	0	5	81	13	41	0	0	2	344
Sales Workers Administrative Support Workers	47 3	52 45	473 10	50 5	15 2	0	0	12 0	700 330	40 59	41 19	3	1	24 18	1466 493
Craft Workers	10	45 0	51	4	5	0	1	4	0	0	0	0	0	0	75
Operatives	143	73	237	113	78	7	1	17	99	84	81	10	2	15	960

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2023 - 12/31/2023

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

Not Applicable

Laborers and Helpers

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

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

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

DATE OF CERTIFICATION 6/4/2024 6:23 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Marijana Haskell Senior Paralegal, EEO Email Address of Certifying Official Telephone Number of Certifying Official marijana.haskell@bms.com 609-252-2727 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Senior Paralegal, EEO Marijana Haskell Bristol-Myers Squibb Co Email Address of Primary POC Telephone Number of Primary POC marijana.haskell@bms.com 609-252-2727

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT RTERS REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088		BRISTOL-MYERS SQUIBB CO		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawrer	nceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
0636088		Bristol-Myers Squibb Company		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
3551 Lawrer	nceville Road	PRINCETON	NJ	08540
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)
 - X 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

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	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	1	3	16	1	3	0	0	0	14	0	2	0	0	0	40
First/Mid-Level Officials and Managers	77	104	860	63	319	3	1	22	1091	145	495	3	4	31	3218
Professionals	17	27	206	17	126	0	0	8	300	35	205	3	0	6	950
Technicians	0	2	5	4	1	1	0	1	7	0	0	0	0	0	21
Sales Workers	47	50	473	50	15	4	1	12	698	39	41	3	4	24	1461
Administrative Support Workers	0	11	2	1	0	0	0	0	98	17	5	0	1	2	137
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	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 2023 REPORTING YEAR TOTAL	142	197	1562	136	464	8	2	43	2208	236	748	9	9	63	5827
PRIOR 2022 REPORTING YEAR TOTAL	0	3	6	1	1	0	0	0	6	2	3	0	0	0	22

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/17/2023 - 12/31/2023

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

This establishment has become Bristol-Myers Squibb's headquarters. In previous EEO-1 submissions, it was establishment 6116312. Remote and field-based employees, residing both inside and outside New Jersey, and who are not assigned to another specific BMS location, are included in this establishment's employee totals for purposes of EEO-1 reporting.

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
0636088		BRISTOL-MYERS SQUIBB CO									
ADDRESS CITY/TOWN STATE ZIP CODE 3551 Lawrenceville Road PRINCETON N.I. 08540											
3551 Lawrenceville Road PRINCETON NJ 08540 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ.								
EV73070		Celgene Avilomics Research									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
200 Cambrid	ge Park Drive	CAMBRIDGE	MA	02140							
		ENTIFICATION NUMBER (EIN) 0790350									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS							

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

<u>Unique Entity ID (UEI):</u> UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

) JE	CHON	(n – v	VUKKI	OKCE	DEMO	GKAPI	IIC DA	IA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
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	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	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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	2	3	40	3	24	0	0	1	36	1	28	0	0	0	138

SECTION I – WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088		BRISTOL-MYERS SQUIBB CO		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawrer	nceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
QL31705		Bristol-Myers Squibb Company		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
5 Girald	a Farms	MADISON	NJ	07940
	CECTION D. EMPLOYED ID	ENTERED A TRION NUMBER (EIN)		

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	201101	111 ,	OIGH	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	1	1	0	0	0	0	0	2	1	0	0	0	0	5
First/Mid-Level Officials and Managers	14	20	170	20	195	0	0	5	251	31	250	3	0	11	970
Professionals	2	9	17	5	18	0	0	1	28	6	33	0	0	1	120
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	2	0	0	0	0	0	0	32	6	1	0	0	2	43
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	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 2023 REPORTING YEAR TOTAL	16	32	188	25	213	0	0	6	313	44	284	3	0	14	1138
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME												
0636088		BRISTOL-MYERS SQUIBB CO										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
3551 Lawrer	nceville Road	PRINCETON	NJ	08540								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
DC41105		Bristol-Myers Squibb Company										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
38 Jacks	on Road	DEVENS	MA	01434								
	CECCETON D. ELEDY OVER TD.	ENTERED A TRANSPORTED AND A										

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51	201101	111 ,	OILI	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	28	25	282	26	84	0	0	5	168	10	57	0	1	4	690
Professionals	16	20	164	21	60	1	0	8	154	12	89	0	0	7	552
Technicians	12	7	31	2	6	0	0	0	27	3	9	0	0	1	98
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	1	0	0	0	0	9	1	0	0	0	1	13
Craft Workers	3	0	19	2	0	0	1	3	0	0	0	0	0	0	28
Operatives	43	15	99	37	21	0	0	8	34	8	13	0	0	5	283
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 2023 REPORTING YEAR TOTAL	102	67	597	89	171	1	1	24	392	34	168	0	1	18	1665
PRIOR 2022 REPORTING YEAR TOTAL	80	58	521	78	149	0	0	23	333	27	151	0	1	16	1437

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

U.S. EOUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	NFORM	ATIO	N REI	PORT ((EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL		RT.			•				
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
0636088						BRIS	TOL-M	ERS S	QUIBE	3 CO					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
3551 Lawrence	ville Roa	ad					PR	INCET	ON			NJ		0854	1 0
SECTION C - H	IEADQU	ARTE	RS OR	ESTAE	BLISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
L312081						(Celgene	e Corpo	oration						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	DRESS				Cl	TY/TOW	VΝ			STATE		ZIP CO	DDE
86 Morris A	venue						5	SUMMI	Т			NJ		0790	01
	SECTI	ON D -	- EMPI		IDENT	CIFICA'	TION N	UMBE	R (EIN)	I		<u> </u>		
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LO	NGER	IN BUSI	NESS		
SE	CTION	N F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (LIED: LINA)/All ARLE													
		Unique Entity ID (UEI): UNAVAILABLE													
☐ YES (Single-Establish	nent Emp	mployer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)													
X YES	Headana	rters is l	Federal	Contrac	tor) X	VES (N	Ion_Head	lanarter	e Fetabl	ishment	is Feder	al Contr	actor)		
E 125 (Treadqua							_					actor)		
						-Headqu			ments 1	s Federa	ll Contra	actor)			
	3					INFOR eparation			na						
	SE	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
	Hisp	anic						Hispan		atino					
	or La	atino			М	ale					Fer	nale			
				u		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or 3	Two or More Races	
JOB CATEGORIES		as a		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		iiar Sla	American Indian or Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa fic	Na Na	ore	White	Black or	Asian	awa fic	l Na	ore	Total
	Σ	Fer	⋝	ko me	As	SCI	car	ľΜ	₹	3lac an /	As	Sci H	car ska	Σ	
				lac		tive	neri Ala	0 0,		Į į		tive er F	neri Ala	o O	
				ш .		S &	Ā	≜		⋖		g a	Ar	ı≜	
Executive/Senior Level Officials and Managers	0 0 0 0 0 0 0 0 0 0 0 0 0 0														
First/Mid-Level Officials and Managers	1	0	4	0	6	0	0	0	6	0	5	0	0	0	22
Professionals	0	0	0	0	0	0	0	0	2	1	1	0	0	0	4
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	3	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

No Comments Provided

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

	ESTABLISHME	NI-LEVEL REPORT						
	SECTION B - EMPLO	OYER IDENTIFICATION						
OFS COMPANY ID		EMPLOYER NAME						
0636088		BRISTOL-MYERS SQUIBB CO						
ADDRES	S	CITY/TOWN	STATE	ZIP CODE				
3551 Lawren	ceville Road	PRINCETON	NJ	08540				
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ					
OL31694		Juno Therapeutics						

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS STATE ZIP CODE CITY/TOWN 1900 and 1940 USG Drive LIBERTYVILLE IL 60048

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

) DE	CHO	111 – 1	VOKKI	OKCE	DEMO									
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			M	ale		•			Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	2	16	2	8	0	0	0	11	1	7	1	0	1	51
Professionals	5	8	18	3	5	0	0	0	7	2	6	0	0	1	55
Technicians	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	0	1	0	1	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	10	10	35	5	15	0	0	1	19	3	13	1	0	2	114
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT									
ESTABLISHMENT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
0636088		BRISTOL-MYERS SQUIBB CO							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE					
3551 Lawrer	ceville Road	PRINCETON	NJ	08540					
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ						
MG85232 Celgene Corporation									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
1000 Dexter Ave N, Suite 100 SEATTLE WA 98109									

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1	, 011111	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	4	4	37	3	14	0	0	1	33	3	17	0	0	1	117
Professionals	1	1	2	2	4	0	1	1	14	1	6	0	0	2	35
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	3	0	0	0	0	1	4
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	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 2023 REPORTING YEAR TOTAL	5	5	39	5	18	0	1	2	50	4	23	0	0	4	156
PRIOR 2022 REPORTING YEAR TOTAL	6	4	35	3	11	0	0	2	59	3	23	0	0	2	148

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0636088 **BRISTOL-MYERS SQUIBB CO** ADDRESS CITY/TOWN STATE ZIP CODE 08540 3551 Lawrenceville Road **PRINCETON** NJ SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

JG06015 Celgene Corporation

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 556 Morris Avenue **SUMMIT** NJ 07901

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

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

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															
			1												
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	91	79	296	58	180	1	2	18	175	59	155	0	0	9	1123
Professionals	70	77	123	42	160	0	1	14	119	57	172	0	2	8	845
Technicians	1	3	2	1	2	0	0	0	2	0	0	0	0	0	11
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	1	0	0	0	0	0	13	5	1	0	0	1	23
Craft Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	71	41	46	63	31	3	0	3	31	66	46	1	1	3	406
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 2023 REPORTING YEAR TOTAL	234	202	469	165	373	4	3	35	340	187	374	1	3	21	2411
PRIOR 2022 REPORTING YEAR TOTAL	233	203	470	160	392	4	2	32	323	190	363	1	3	18	2394

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
0636088		BRISTOL-MYERS SQUIBB CO								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
3551 Lawrenceville Road PRINCETON NJ 08540										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
JG01175		Celgene Corporation								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
4242 Campus Point Court, Suite 300 SAN DIEGO CA 92121										
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350										

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1	, 011111	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	3	0	5	0	0	1	0	0	1	0	0	0	11
Professionals	1	2	5	1	7	0	0	0	3	0	5	0	0	1	25
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	1	0	0	0	0	0	0	0	0	0	1
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	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 2023 REPORTING YEAR TOTAL	1	3	8	1	13	0	0	1	3	0	6	0	0	1	37
PRIOR 2022 REPORTING YEAR TOTAL	1	2	9	1	14	0	0	1	3	0	5	0	0	1	37

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT

FOTABLICLIMENT LEVEL DEDOCT												
ESTABLISHMENT-LEVEL REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
0636088	0636088 BRISTOL-MYERS SQUIBB CO											
ADDRESS CITY/TOWN STATE ZIP CODE												
3551 Lawrenceville Road PRINCETON NJ 08540												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
HR61730		Bristol-Myers Squibb Company										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
100 Binney Street CAMBRIDGE MA 02142												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	(II – V	VUKKF	OKCE										
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	1	0	0	0	1	0	1	0	0	0	3
Professionals	0	0	1	0	1	0	0	0	0	0	3	0	0	0	5
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	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	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 2023 REPORTING YEAR TOTAL	0	0	1	0	2	0	0	0	1	1	4	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	4	8	99	3	46	0	0	2	60	4	72	0	0	3	301

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT										
ESTABLISHMENT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
0636088		BRISTOL-MYERS SQUIBB CO								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
3551 Lawren	ceville Road	PRINCETON	NJ	08540						
SECTION C -	HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
MU89991 Bristol-Myers Squibb Company										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE										
9 Roszel Road PRINCETON NJ 08540										

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	1 H – V	VUKKF	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	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	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 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PRIOR 2022 REPORTING YEAR TOTAL	9	17 SECTIO	86	11 WORK	28	1	0	2	107	12	39	0	1	5	318

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
0636088 BRISTOL-MYERS SQUIBB CO												
ADDRESS CITY/TOWN STATE ZIP CODE												
3551 Lawrer	ceville Road	PRINCETON	NJ	08540								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
AG09314		Celgene Corporation										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
7 Powder Horn Drive WARREN NJ 07059												
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51	201101	111 /	, 011111	ORCL	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	9	6	28	3	15	0	0	1	20	6	24	1	0	0	113
Professionals	7	7	17	2	19	1	0	1	25	6	24	0	0	2	111
Technicians	1	1	0	0	0	0	0	0	1	1	1	0	0	0	5
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	1	1
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	7	4	11	1	3	0	0	0	4	3	2	0	0	1	36
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 2023 REPORTING YEAR TOTAL	25	18	56	6	37	1	0	2	50	16	51	1	0	4	267
PRIOR 2022 REPORTING YEAR TOTAL	17	21	64	9	37	1	0	2	55	16	51	1	0	4	278

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
0636088										
ADDRESS CITY/TOWN STATE ZIP CODE										
3551 Lawrenceville Road PRINCETON NJ 08540										
SECTION C -	- HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E							
HV89436		Celgene Corporation								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
400 Dexter Avenue	North, Suite 1200	SEATTLE	WA	98109						
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350										
	SECTION E – EMPLOYER FILING ELIGIBILITY									
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS										

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	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	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	2	8	74	0	25	1	0	3	73	5	41	0	0	1	233
Professionals	12	14	92	3	40	1	0	9	93	4	83	0	0	15	366
Technicians	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
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	1	0	2	0	0	1	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	1	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	14	23	167	3	65	2	0	12	169	9	127	0	0	17	608
PRIOR 2022 REPORTING YEAR TOTAL	22	22	185	3	73	2	1	12	179	6	135	0	0	20	660

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		on Date: 11/30/2026									
	ESTABLISHME	TYPE OF REPORT NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID	I	EMPLOYER NAME											
0636088		BRISTOL-MYERS SQUIBB CO											
ADDRESS CITY/TOWN STATE ZIP CODE													
3551 Lawrenceville Road PRINCETON NJ 08540													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
A417614	· · · · · · · · · · · · · · · · · · ·												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
700 Ba	y Road	REDWOOD CITY	CA	94063									
		ENTIFICATION NUMBER (EIN) 0309352											
	SECTION E – EMPLOY	ER FILING ELIGIBILITY											
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS									
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE												
YES (Single-Establish	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)									

SECTION G - NAICS INFORMATION

541713 - Research and Development in Nanotechnology SECTION H – WORKFORCE DEMOGRAPHIC DATA

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)

SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	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	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	1	22	1	16	0	0	0	20	0	12	0	0	0	73
Professionals	3	2	36	2	39	0	0	3	31	2	76	0	0	3	197
Technicians	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	3	0	0	0	0	0	0	0	1	1	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	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 2023 REPORTING YEAR TOTAL	7	6	59	3	55	0	0	3	53	3	89	0	0	3	281
PRIOR 2022 REPORTING YEAR TOTAL	8	5	59	2	55	0 E CN A D	0	3	51	3	94	0	0	3	283

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT NT-LEVEL REPORT									
	SECTION B - EMPLO	YER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
0636088		BRISTOL-MYERS SQUIBB CO									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
3551 Lawrenceville Road PRINCETON NJ 08540											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
EB85042		Bristol-Myers Squibb Company									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
801 Pennsylvania Avenue	NW, 3rd Floor Suite 325	WASHINGTON	DC	20004							

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	(II – V	OKKI	OKCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	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	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
First/Mid-Level Officials and Managers	2	0	8	1	1	0	0	0	12	3	1	0	0	1	29
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	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	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 2023 REPORTING YEAR TOTAL	2	0	8	1	1	0	0	0	12	5	1	0	0	1	31
PRIOR 2022 REPORTING YEAR TOTAL	1	0	5	1	2	0	0	1	10	5	1	0	0	1	27

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT												
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
0636088 BRISTOL-MYERS SQUIBB CO												
ADDRESS CITY/TOWN STATE ZIP CODE												
3551 Lawrenceville Road PRINCETON NJ 08540												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (i	f applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL	NAME									
QL31676		Bristol-Myers Squibb Company										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
250 Water Street CAMBRIDGE MA 02141												
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350												
	CECTION E EMPLOY	ED EH ING ELIGIDH ITY										

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	201101	1	, OILIII	ORCL	DEMO									1
								thnicit	•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	lale					Fen	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	0	0	3	0	1	0	0	0	1	0	0	0	0	0	5
First/Mid-Level Officials and Managers	5	5	69	5	24	0	0	1	41	1	27	0	0	0	178
Professionals	6	4	76	3	56	0	0	4	63	4	83	0	0	5	304
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	3	0	0	0	0	1	4
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	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 2023 REPORTING YEAR TOTAL	11	9	148	8	81	0	0	5	108	5	110	0	0	6	491
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		TYPE OF REPORT NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088				
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawren	nceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
QL31685		Juno Therapeutics		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1930 and 1950	Innovation Way	LIBERTYVILLE	IL	60048
		ENTIFICATION NUMBER (EIN) 0790350		
	SECTION E EMPLOY	TED EIL ING ELIGIDILITY		

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	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	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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A - 1	YPE OF REPORT										
	ESTABLISHMEI	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
0636088 BRISTOL-MYERS SQUIBB CO												
ADDRESS CITY/TOWN STATE ZIP CODE												
3551 Lawrenceville Road PRINCETON NJ 08540												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ									
GN66654		Receptos										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
3033 Science Park Road, Suite 300 SAN DIEGO CA 92121												
		ENTIFICATION NUMBER (EIN)										

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	6	16	0	15	0	0	0	23	4	24	0	1	1	91
Professionals	1	3	2	0	4	0	0	1	6	0	2	1	0	0	20
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	1	0	0	0	0	1	2
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	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 2023 REPORTING YEAR TOTAL	2	9	18	0	19	0	0	1	30	4	26	1	1	2	113
PRIOR 2022 REPORTING YEAR TOTAL	2	7	15	0	12	0	0	1	22	0	12	1	1	2	75

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0636088 **BRISTOL-MYERS SQUIBB CO** ADDRESS CITY/TOWN STATE ZIP CODE 08540 3551 Lawrenceville Road **PRINCETON** NJ SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 5474084 Bristol-Myers Squibb Company HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 6000 Thompson Road **EAST SYRACUSE** NY 13057

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

) DE	CHO	4 11 — A	OKK	OKCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	3	2	1	0	0	0	8
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	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 2023 REPORTING YEAR TOTAL	0	1	2	1	0	0	0	0	3	2	3	0	0	0	12
PRIOR 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOY 2023 EMPLOYER INF												OMB Co	Revised ontrol Nu ation Dat	mber: 30	
			SECT	TON A	- TYPI	E OF RI	EPORT								
			ESTA	BLISHN	1ENT-L	EVEL	REPOR	RT.							
		SECT	ION B	- ЕМР	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
0636088						BRIS	TOL-M	ERS S	QUIBE	3 CO					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
3551 Lawrencevi	ille Road	d					PR	INCET	ON			NJ		0854	10
SECTION C - HE	ADQUA	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					-LEVEL	NAME				
T031042	Signal Research Division														
HEADQUARTERS OR ESTABLISHME													DE		
10300 Campus Point D	at Drive, Suite 100 SAN DIEGO CA 92121											21			
!	SECTIO)N D –	EMPI		IDENT 20790		TION N	UMBE	R (EIN)	•		•		
		-		EMPL											
X YES (Employer Is Eligible	to File)	□NO	(Emplo	oyer Is N	ot Eligi	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	N BUSI	NESS		
SEC	TION F			L CONT tity ID (f applic	able)					
☐ YES (Single-Establishme	ent Empl	oyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishm	ent Em	ployer is	Federal	Contra	ctor)		
X YES (H	eadquart	ters is F	ederal	Contrac	tor) X	YES (N	on-Head	dquarter	s Establ	ishment i	is Feder	al Contr	actor)		
_ `	•				. —			•		s Federal					
			,	N G - 1											
				maceut											
	SEC	CTION	I H – V	VORKF	ORCE										ı
	Hana	!.					Race/E			-4:					
	Hispa or La				М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	<u> </u>					<u> </u>									
JOB CATEGORIES											Row Total				

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	6	2	33	0	19	0	0	0	17	1	18	0	0	3	99
Professionals	15	7	45	4	35	0	1	1	35	0	39	0	0	3	185
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	1	4
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	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 2023 REPORTING YEAR TOTAL	21	10	80	4	54	0	1	1	54	1	57	0	0	7	290
PRIOR 2022 REPORTING YEAR TOTAL	18	9	72	3	47	0	1	1	49	0	46	0	0	6	252

SECTION I – WORKFORCE SNAPSHOT PERIOD 12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088		BRISTOL-MYERS SQUIBB CO		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawrer	nceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
JG00942		MyoKardia		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1000 Sierra F	Point Parkway	BRISBANE	CA	94005
	SECTION D _ EMDI OVED ID	ENTIFICATION NUMBED (FIN)	•	

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1	, 011111	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	3	7	16	0	19	0	0	2	39	4	24	0	0	2	116
Professionals	3	2	14	1	17	0	0	1	14	1	26	0	0	1	80
Technicians	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	1	0	0	0	1	0	2	1	0	0	6
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	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 2023 REPORTING YEAR TOTAL	6	10	33	1	38	0	0	3	54	5	52	1	0	3	206
PRIOR 2022 REPORTING YEAR TOTAL	3	7	22	1	29	0	0	3	27	5	38	1	0	3	139

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

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	SECTION A - 1	YPE OF REPORT										
	ESTABLISHMEI	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
0636088 BRISTOL-MYERS SQUIBB CO												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
3551 Lawrenceville Road PRINCETON NJ 08540												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
FN02725		Bristol-Myers Squibb Company										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
4931 Geo	4931 George Road TAMPA FL 33634											
	SECTION D _ EMDLOVED ID	ENTIFICATION NUMBER (FIN)										

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51		111 ,	OIGH	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	31	48	75	7	20	1	1	4	101	18	17	0	0	4	327
Professionals	12	28	12	3	6	0	0	2	33	10	11	0	0	1	118
Technicians	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Administrative Support Workers	2	9	3	2	0	0	0	0	8	4	0	0	0	0	28
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	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 2023 REPORTING YEAR TOTAL	45	86	90	12	26	1	1	6	143	34	28	0	0	5	477
PRIOR 2022 REPORTING YEAR TOTAL	42	81	97	14	15	0	1	6	150	29	27	0	0	8	470

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

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OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expirati	on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088		BRISTOL-MYERS SQUIBB CO		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawren	ceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ	
HF70871		Bristol-Myers Squibb Company		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
3401 Princ	ceton Pike	LAWRENCE TOWNSHIP	NJ	08648
		ENTIFICATION NUMBER (EIN) 0790350		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS
	CECTION E PEDEDAL CONTR	CEOD DEGICAL PROM (C. 11 11)		•

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SI	CHO	4 11 — A	VOKKI	OKCE	DEMO									
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			M	ale					Fen	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	1	1	12	1	4	0	0	0	6	3	3	0	0	0	31
First/Mid-Level Officials and Managers	54	75	577	50	226	1	2	17	706	86	362	3	0	24	2183
Professionals	7	14	34	7	37	0	0	1	65	15	44	0	0	4	228
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	2	0	0	0	0	0	3
Administrative Support Workers	0	13	0	0	0	0	0	0	120	18	6	0	0	5	162
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	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 2023 REPORTING YEAR TOTAL	62	104	623	58	267	1	2	18	899	122	415	3	0	33	2607
PRIOR 2022 REPORTING YEAR TOTAL	53	81	538	48	225	1	3	15	808	112	369	2	0	19	2274

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expiration	n Date: 11/30/2026
	SECTION A	- TYPE OF REPORT		
	ESTABLISH	MENT-LEVEL REPORT		
	SECTION B - EMP	LOYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0636088		BRISTOL-MYERS SQUIBB CO		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
3551 Lawrer	nceville Road	PRINCETON	NJ	08540
SECTION C -	- HEADQUARTERS OR ESTAB	LISHMENT-LEVEL IDENTIFICATION (if ap	olicable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME	
5315952		Bristol-Myers Squibb Company		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1 Squib	b Drive	NEW BRUNSWICK	NJ	08903
		IDENTIFICATION NUMBER (EIN)		
	2	220790350		
		OYER FILING ELIGIBILITY		
X YES (Employer Is Elig	gible to File) NO (Employer Is N	Not Eligible to File)	ER IN BUSINE	SS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	(II – V	VUKKF	OKCE										
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	50	44	405	29	221	2	0	4	242	34	177	1	0	6	1215
Professionals	27	24	132	25	99	0	0	4	132	19	136	0	0	4	602
Technicians	8	4	16	12	18	0	0	0	15	4	10	0	0	1	88
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	1	0	0	0	0	24	3	1	0	0	0	30
Craft Workers	1	0	17	1	3	0	0	0	0	0	0	0	0	0	22
Operatives	0	1	6	2	0	0	0	0	1	3	1	0	0	0	14
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 2023 REPORTING YEAR TOTAL	86	74	578	70	341	2	0	8	414	63	325	1	0	11	1973
PRIOR 2022 REPORTING YEAR TOTAL	82	66	572	64	306	2	0	7	399	60	301	2	0	8	1869

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

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OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT

	ESTABLISHME	NT-LEVEL REPORT							
	SECTION B - EMPLO	YER IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
0636088		BRISTOL-MYERS SQUIBB CO							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE					
3551 Lawrenceville Road PRINCETON NJ 08540									
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ						
T570262		Bristol-Myers Squibb Company							
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
100 Nassa	u Park Blvd	PRINCETON	NJ	08534					

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): STH8CLB2ZRD8

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

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

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	· OILIII	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	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	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
First/Mid-Level Officials and Managers	7	3	156	14	119	1	0	3	80	6	90	1	0	4	484
Professionals	5	2	18	5	18	0	0	0	13	2	24	0	0	1	88
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	6	1	0	0	0	0	7
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	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 2023 REPORTING YEAR TOTAL	12	5	174	19	137	1	0	3	100	9	115	1	0	5	581
PRIOR 2022 REPORTING YEAR TOTAL	8	3	157	14	92	1	0	2	80	8	72	1	0	1	439

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

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OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT													
ESTABLISHMENT-LEVEL REPORT													
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
0636088	BRISTOL-MYERS SQUIBB CO												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
3551 Lawren	nceville Road	PRINCETON	NJ	08540									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ										
DM44203		Celgene Corporation											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
620 N. 51	st Avenue	PHOENIX	AZ	85043									
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350													

SECTION E – EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

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

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisp	Hispanic Not Hispanic or Latino													
	or Latino Male Female														
	0	or Earlie Terrale													
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	13	10	53	5	8	1	0	2	28	3	4	0	0	1	128
Professionals	22	14	33	2	5	0	1	5	30	1	6	0	1	2	122
Technicians	5	4	5	0	0	0	0	1	5	1	1	0	0	0	22
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	1	0	0	0	0	0	2
Craft Workers	3	0	12	0	1	0	0	1	0	0	0	0	0	0	17
Operatives	8	8	22	5	2	1	1	2	9	1	4	0	1	1	65
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 2023 REPORTING YEAR TOTAL	51	37	125	12	16	2	2	11	73	6	15	0	2	4	356
PRIOR 2022 REPORTING YEAR TOTAL	50	37	133	11	17	2	2	11	75	10	14	0	2	4	368

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0636088 **BRISTOL-MYERS SQUIBB CO** ADDRESS CITY/TOWN STATE ZIP CODE 08540 3551 Lawrenceville Road **PRINCETON** NJ SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME HV89344 Celgene Corporation HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 1522 217th Place Southeast **BOTHELL** WA 98021

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)
 - X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)
 - **YES** (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

325412 - Pharmaceutical Preparation Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	Hispanic Not Hispanic or Latino														
		atino	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	5	9	78	5	22	1	0	4	46	4	30	0	0	3	207
Professionals	9	6	55	5	18	2	0	6	50	3	24	1	1	7	187
Technicians	5	1	20	2	13	0	0	2	22	3	19	0	0	0	87
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	1	0	0	0	0	0	2	1	0	0	0	1	6
Craft Workers	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Operatives	13	4	52	5	20	3	0	4	19	3	15	9	0	5	152
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 2023 REPORTING YEAR TOTAL	32	21	208	17	74	6	0	16	139	14	88	10	1	16	642
PRIOR 2022 REPORTING YEAR TOTAL	24	24	205	18	69	8	0	15	137	12	80	9	1	16	618

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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ADDRESS		CITY/TOWN STATE ZIP CODE												DE	
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SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 220790350															
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	2	0 4	0	2	0	0	2	5	0	0 2	0	0	1	0 19
Professionals	4	0	5	0	1	0	0	0	5	0	2	0	0	3	20
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	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	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 2023 REPORTING YEAR TOTAL	_ 5	2	9	0	3	0	0	2	10	0	4	0	0	4	39
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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

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${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

220790350

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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	1	0	2	0	11	0	0	0	2	0	7	0	0	0	23		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	1	0	0	0	0	0	0	0	2	0	0	0	0	0	3		
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	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 2023 REPORTING YEAR TOTAL	2	0	2	0	11	0	0	0	5	0	7	0	0	0	27		
PRIOR 2022 REPORTING YEAR TOTAL	7	2	33	7	74	0	0	0	32	4	77	0	0	1	237		

SECTION I - WORKFORCE SNAPSHOT PERIOD

12172023 - 12312023

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