

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT**  
CONSOLIDATED REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME BAUSCH HEALTH US LLC			
ADDRESS 400 Somerset Corporate Boulevard	CITY/TOWN BRIDGEWATER	STATE NJ	ZIP CODE 08807	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
330949894

**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): G1L1GBQUTGH5

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

**SECTION G – NAICS INFORMATION**

551114 - Corporate, Subsidiary, and Regional Managing Offices

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	2	0	35	1	1	0	0	0	7	0	1	0	0	0	47
First/Mid-Level Officials and Managers	9	13	176	14	36	1	2	1	96	7	31	0	0	3	389
Professionals	17	23	115	9	50	0	0	7	137	20	62	1	0	5	446
Technicians	2	0	15	2	5	0	0	0	4	0	3	0	0	0	31
Sales Workers	24	35	247	28	12	0	1	14	370	13	13	2	5	13	777
Administrative Support Workers	4	8	7	1	3	0	0	0	19	10	6	0	0	3	61
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	10	1	4	0	0	2	7	1	20	2	0	0	50
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>60</b>	<b>80</b>	<b>606</b>	<b>57</b>	<b>111</b>	<b>1</b>	<b>3</b>	<b>24</b>	<b>640</b>	<b>51</b>	<b>136</b>	<b>5</b>	<b>5</b>	<b>24</b>	<b>1803</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>57</b>	<b>77</b>	<b>618</b>	<b>60</b>	<b>113</b>	<b>2</b>	<b>2</b>	<b>22</b>	<b>630</b>	<b>53</b>	<b>124</b>	<b>5</b>	<b>6</b>	<b>19</b>	<b>1788</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2024 - 12/28/2024

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
1357752

EMPLOYER NAME  
BAUSCH HEALTH US LLC

ADDRESS  
400 Somerset Corporate Boulevard

CITY/TOWN  
BRIDGEWATER

STATE  
NJ

ZIP CODE  
08807

**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**

5/29/2025 12:43 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Kathleen Fitzpatrick

Title of Certifying Official

Sr Vice President, Chief Human Resource Officer

Email Address of Certifying Official

kathleen.fitzpatrick@bauschhealth.com

Telephone Number of Certifying Official

908-952-5991

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

Danielle Sabatelle

Title and Employer of Primary POC

Executive Director Global Talent Acquisition  
BAUSCH HEALTH US LLC

Email Address of Primary POC

danielle.sabatelle@bauschhealth.com

Telephone Number of Primary POC

267-974-7039

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT**  
HEADQUARTERS REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME BAUSCH HEALTH US LLC		
ADDRESS 400 Somerset Corporate Boulevard	CITY/TOWN BRIDGEWATER	STATE NJ	ZIP CODE 08807

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID 1357752	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bausch Health US LLC		
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 400 Somerset Corp Blvd	CITY/TOWN BRIDGEWATER	STATE NJ	ZIP CODE 08807

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
330949894

**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): G1L1GBQUTGH5

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

**SECTION G – NAICS INFORMATION**

551114 - Corporate, Subsidiary, and Regional Managing Offices

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	2	0	33	1	0	0	0	0	7	0	1	0	0	0	44
First/Mid-Level Officials and Managers	4	6	74	6	24	0	0	1	55	7	25	0	0	1	203
Professionals	8	18	68	7	35	0	0	1	106	19	39	1	0	4	306
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	2	0	0	0	0	0	2
Administrative Support Workers	1	8	4	1	2	0	0	0	15	10	5	0	0	2	48
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	1	1	0	0	0	0	0	0	0	0	0	0	2
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>15</b>	<b>32</b>	<b>180</b>	<b>16</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>185</b>	<b>36</b>	<b>70</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>605</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>10</b>	<b>32</b>	<b>168</b>	<b>12</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>156</b>	<b>36</b>	<b>60</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>543</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2024 - 12/28/2024

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME BAUSCH HEALTH US LLC			
ADDRESS 400 Somerset Corporate Boulevard	CITY/TOWN BRIDGEWATER	STATE NJ	ZIP CODE 08807	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID A535666	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bausch Health US LLC			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 8540 Colonnade Center Dr, Suite 300	CITY/TOWN RALEIGH	STATE NC	ZIP CODE 27615	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
330949894

**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): G1L1GBQUTGH5

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

**SECTION G – NAICS INFORMATION**

424210 - Drugs and Druggists' Sundries Merchant Wholesalers

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	0	0	0	0	0	0	0	4	0	0	0	0	0	5
Professionals	0	1	2	0	0	0	0	0	0	1	1	1	0	0	0	6
Technicians	0	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	0
Administrative Support Workers	0	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	0
Operatives	0	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	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	0	2	2	0	0	0	0	0	0	5	1	1	0	0	0	11
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	0	1	4	0	0	0	0	0	0	7	1	0	0	0	0	13

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2024 - 12/28/2024

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME BAUSCH HEALTH US LLC			
ADDRESS 400 Somerset Corporate Boulevard	CITY/TOWN BRIDGEWATER	STATE NJ	ZIP CODE 08807	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID EA38724	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bausch Health US LLC			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 11818 North Creek Pkwy N	CITY/TOWN BOTHELL	STATE WA	ZIP CODE 98011	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
680373593

**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): G1L1GBQUTGH5

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

**SECTION G – NAICS INFORMATION**

334510 - Electromedical and Electrotherapeutic Apparatus Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	21	0	4	1	0	0	5	0	2	0	0	0	35
Professionals	4	2	35	1	12	0	0	5	16	0	9	0	0	1	85
Technicians	2	0	15	2	5	0	0	0	4	0	2	0	0	0	30
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	0	2	0	1	0	0	0	4	0	1	0	0	1	11
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	10	1	4	0	0	2	7	1	20	2	0	0	50
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
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	11	4	83	4	26	1	0	7	36	1	34	2	0	2	211
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	9	4	77	2	25	2	0	5	31	1	32	1	0	1	190

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/15/2024 - 12/28/2024

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME <b>BAUSCH HEALTH US LLC</b>			
ADDRESS <b>400 Somerset Corporate Boulevard</b>	CITY/TOWN <b>BRIDGEWATER</b>	STATE <b>NJ</b>	ZIP CODE <b>08807</b>	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID <b>FP74580</b>	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME <b>Bausch Health US LLC</b>			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS <b>1330 Redwood Way</b>	CITY/TOWN <b>PETALUMA</b>	STATE <b>CA</b>	ZIP CODE <b>94954</b>	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
330949894**

**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): **G1L1GBQUTGH5**

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

**SECTION G – NAICS INFORMATION**

**325411 - Medicinal and Botanical Manufacturing**

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	3	1	6	0	5	0	0	0	3	0	4	0	0	0	22
Professionals	5	2	5	1	2	0	0	1	6	0	11	0	0	0	33
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	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
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>8</b>	<b>3</b>	<b>12</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>7</b>	<b>3</b>	<b>12</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>59</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

**12/15/2024 - 12/28/2024**

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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

**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID 1357752	EMPLOYER NAME <b>BAUSCH HEALTH US LLC</b>			
ADDRESS <b>400 Somerset Corporate Boulevard</b>	CITY/TOWN <b>BRIDGEWATER</b>	STATE <b>NJ</b>	ZIP CODE <b>08807</b>	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID <b>FZ20341</b>	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME <b>Bausch Health US LLC</b>			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS <b>Field Sales 400 Somerset Corp Blvd</b>	CITY/TOWN <b>BRIDGEWATER</b>	STATE <b>NJ</b>	ZIP CODE <b>08807</b>	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

**330949894**

**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): **G1L1GBQUTGH5**

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

**SECTION G – NAICS INFORMATION**

**424210 - Drugs and Druggists' Sundries Merchant Wholesalers**

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	4	75	8	3	0	2	0	29	0	0	0	0	2	124
Professionals	0	0	5	0	1	0	0	0	8	0	2	0	0	0	16
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	24	35	247	28	12	0	1	14	368	13	13	2	5	13	775
Administrative Support Workers	1	0	0	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
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>26</b>	<b>39</b>	<b>329</b>	<b>36</b>	<b>16</b>	<b>0</b>	<b>3</b>	<b>14</b>	<b>405</b>	<b>13</b>	<b>15</b>	<b>2</b>	<b>5</b>	<b>15</b>	<b>918</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>31</b>	<b>37</b>	<b>357</b>	<b>45</b>	<b>17</b>	<b>0</b>	<b>2</b>	<b>15</b>	<b>426</b>	<b>15</b>	<b>17</b>	<b>3</b>	<b>6</b>	<b>12</b>	<b>983</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

**12/15/2024 - 12/28/2024**

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

Not Applicable