EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EWII LOTEK IIV	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT														/2024
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID 0074272					INTER	RNATIO		OYER N		AGRAN	ICES				
ADDRESS								ITY/TOV				STATE		ZIP CC	
521 W 57T SECTION C – H		IADTE	DC OD	ECTAD	ot ich	AENT I		NHATT		FION G	fannlia	NY		1001	19
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS OK							Γ-LEVEL		ioie)			
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HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				C.	ITY/TOV	VN			STATE		ZIP CC	DDE
					131432	2060				)					
X YES (Employer Is Eligible		-	-	• EMPL over Is N	_		_			NO LOI	NGER I	IN BUSI	INESS		
	CTION										10211		11200		
		Un	ique En	tity ID (	<u>UEI)</u> :	Not App	olicable								
☐ 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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
SECTION G – NAICS INFORMATION 325620 - Toilet Preparation Manufacturing															
325620 - Toilet Preparation Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino														
		atino			M	lale	NOt	Hispar	IC OF L	atino	Fer	nale			1
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	4	1	30	2	4	0	0	0	16	2	3	0	0	0	62
First/Mid-Level Officials and Managers	39	32	392	23	49	0	3	6	220	12	21	2	0	3	802
Professionals Technicians	49	36	619	40	110	0	1	12	504	46	150	3	1	6	1577
Sales Workers	24 8	17 6	144 61	32 1	26 3	0	0	2	135 85	25 1	25 6	0	0	1	444 174
Administrative Support Workers	8	29	73	6	4	0	0	0	216	24	13	2	0	3	378
Craft Workers	15	0	230	16	4	1	7	5	3	0	0	0	0	0	281
Operatives	180	26	933	279	82	6	35	30	90	31	25	0	5	7	1729
Laborers and Helpers	2	0	4	2	1	0	0	0	0	0	0	0	0	0	9
Service Workers  CURRENT 2022 REPORTING YEAR TOTAL	332	4 151	11 2497	7 408	3 286	11	0 46	0 59	2 1271	141	244	11	8	24	33 5489
PRIOR 2021 REPORTING YEAR TOTAL	282	133	2474	364	263	23	46	41	1248	129	218	9	7	24	5261
		SECTION	ON I –	WORK 12/1/2		E SNAP 2/31/20	-	PERIO	D		1	1		-	
Not Applicable SECTION J	- HEAI	DQUAI	RTERS	OR ES	TABL	ISHME	NT-LEV	VEL CO	)MME	NTS (op	tional)				

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTERT	MOKW	AHO	N KE	OKI (	EEO-	COM	TONE	111)				Expir	ation Dat	e: 08/31/	2024
						E OF RI									
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATI	TAN			NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						-				Γ-LEVEL					
0074272					INTER	RNATIO				AGRAN	ICES				
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOV				STATE		ZIP CO	
521 W 57								NHATI				NY		1001	19
				1	131432					)					
X YES (Employer Is Eligil						FILING ible to F				NO LOI	NGER I	N BUS	INESS		
	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'								
_			_			Not App									
<ul> <li>■ YES (Single-Establishment Employer is Federal Contractor)</li> <li>■ YES (Multi-Establishment Employer is Federal Contractor)</li> <li>■ YES (Headquarters is Federal Contractor)</li> <li>■ YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  325620 - Toilet Preparation Manufacturing														
	SE					DEMO	GRAPE	IIC DA							
							Race/E								
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				_		or	ō	es		٦		or	ō	es	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>e</u>	Female	<u>te</u>	ck or Afric American	an	wai	Ind Nat	<u>e</u>	ite	Black or	an	wai ic Is	Ind Nat	<u>e</u>	Total
	Male	e.	White	or	Asian	Ha	anka	Š	White	lacl n A	Asian	Hay	anka	Š	
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Executive/Senior Level Officials and Managers		0	9	1	1	0	0	0	6	0	1	0	0	0	19
First/Mid-Level Officials and Managers	1	4	11	0	2	0	0	1	18	1	3	0	0	0	41
Professionals Taghnisians	2	2	17	2	8	0	0	2	51	4	7	1	0	2	98 37
Technicians Sales Workers	0	2	5 5	0	0	0	0	0	14	0	0	0	0	0	21
Administrative Support Workers	0	3	0	1	1	0	0	0	12	2	3	0	0	0	22
Craft Workers	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Operatives	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	1	0	0	1	1	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 8	14	47	6	19	2	0	3	110	9	21	4	0	2	245
			I												
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 8	18	42	4	19	9	0	2	102	9	25	4	0	4	246

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

				`				,				Expir	ation Dat	e: 08/31/	2024
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						NT REF									
OFS COMPANY ID		SECT	TON B	8 – EMP	LOYE	R IDEN		ATION OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS								TY/TOV				STATE		ZIP CC	DE
521 W 57								NHATI				NY		1001	
		ADTE	DC OD	ECTAD	T TOTTA	AENTE I				TION (:	£ 1:			100	10
SECTION C - : HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
NG27670					•		IFF P	laquen	nine						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS					TY/TOV				STATE		ZIP CC	DDE
21255							PLA	QUEM	IINE			LA		7076	
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	N F		343550 OVED	621 FILING	FLICI	DII IT	v						
X YES (Employer Is Eligi										NO LON	NGER I	IN BUSI	INESS		
S	ECTION							TION (	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
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															
	325	199 - <i>P</i>	All Othe	er Basic	Organ	ic Cher	nical M	anufact	turing						
	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI Race/E								1
	Hisr	anic						Hispan	•	atino					
		atino			М	ale					Fen	nale			
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				⊆		n or	o (	Two or More Races		an		n or	p o	Two or More Races	
JOB CATEGORIES		4		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
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				æ		Native Hawaiian or Other Pacific Islander	An,	≥		Ā		Native Hawaiian or Other Pacific Islander	An ,	ΔŢ	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	1	0	0	0	1	0	0	0	0	0	0 5
Professionals	0	0	5	2	1	0	0	0	2	1	0	0	0	0	11
Technicians	1	0	1	0	0	0	0	0	2	2	0	0	0	0	6
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0 2
Craft Workers	0	0	5	0	0	0	0	1	0	0	0	0	0	0	6
Operatives	0	0	16	5	0	0	0	1	0	0	0	0	0	0	22
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA		0	30	7	2	0	0	2	7	3	0	0	0	0	52
JULIAN EVER NEI ON ING TEAN TOTAL													Š	•	
PRIOR 2021 REPORTING YEAR TOTA	L 1	0	33	8	1	0	0	1	8	4	0	0	0	0	56

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				`				,				Expir	ation Dat	e: 08/31/	/2024
						E OF RI					•				
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OFG COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN			43.E						
OFS COMPANY ID					INITED	RNATIO		OYER N			ICEC				
0074272					INIER	INATIO				AGRAN	ICE3				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICAT	Γ <b>ΙΟΝ</b> (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME				
NG27571							IFF	Holmd	el						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
101 Crawfords Corner	Rd, Su	ite 4-40	0				H	OLMDE	L			NJ		0773	33
	SECTI	OND	EMDI	OVED	IDENT	TIFICA'	FION N	TIMDE	D (EIN	`					
	SECTI	ON D -	· EMIL I		131432		HONN	UNIDE	K (EII)	,					
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Emple	over Is N	lot Elig	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	IN BUSI	INESS		
				-		OR DE									
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☐ YES (Single-Establishn	ent Emr							tablichm	ent Em	nlover is	Federal	l Contra	ctor)		
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☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  325620 - Toilet Preparation Manufacturing															
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		and	ve v	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	a)	ck or Afric American	u	ajis Isl	nerican Indian Alaska Native	e Za	Φ	or	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	e R	Total
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				ш		Native Hawaiian or Other Pacific Islande	An	≥		¥		Native Hawaiian or Other Pacific Islander	A	≥	
Executive/Senior Level Officials and Managers	2	1	10	0	0	0	0	0	13	0	0	0	0	1	1
First/Mid-Level Officials and Managers Professionals	3	2	7	0	2	0	0	1	10	1	1 5	0	0	0	29 30
Technicians	1	0	6	1	1	0	0	0	5	0	2	0	0	0	16
Sales Workers	1	0	0	0	0	0	0	0	8	0	0	0	0	0	9
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	7	0	0	0	0	0	7
Operatives	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	7	4	24	1	3	0	0	1	44	1	8	0	0	1	94
DDIOD 2024 DEPORTING VEAR TOTAL	7	5	26	1	3	0	0	1	48	2	9	0	0	2	104
PRIOR 2021 REPORTING YEAR TOTAL				·		E SNAP		•		_	9	U	U		104
	,	JEC 110	). <b>1</b> 1 -			2/31/20		LAIOI	•						

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT													2024		
			SECT	TON A	– TYPI	E OF RI	EPORT				•				
			E:	STABLI	SHME	NT REP	ORT								
		SECT	ION B	- EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	121/11	LOIL	K IDEI		OYER N	AME.						
0074272					INTER	ΝΔΤΙΟ				AGRAN	ICES				
					HATEI	IVATIO				AOIA					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	FADOL	ARTEI	2S OR	FSTAR	I ISHN	IENT-I	EVEL	IDENT	IFICA'	TION (i	f annlica	hle)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OIL							Γ-LEVEL		ioic)			
NG27712							FF Roc								
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1700 Lexington	on Ave						RO	CHEST	ER			NY		1460	)6
	SECTI	ON D -	FMPI	LOYER	IDENT	TIFICA'	TION N	IIMRE	R (FIN	)					
	SECTI	OND	121411 1		343550		110111	CNIDE	K (EII)	,					
	9	SECTIO	)NE-	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LON	NCFD I	N DIE	INIESS		
											IGEK I	I DUSI	TAE99		
SE	CTION			L CONT				TION (i	if applic	able)					
		Uni	que En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (I	<ul> <li>         ☐ YES (Headquarters is Federal Contractor)</li> <li>         ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)     </li> </ul>														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	SECTION G - NAICS INFORMATION														
	3	11999	- All Ot	ther Mis	cellane	ous Fo	od Man	ufactur	ing						
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							Race/E	thnicit	v						
	Hisn	anic						Hispan	<u> </u>	atino					
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JOB CATEGORIES				ica		ian	ian ive	Ra		ij		ian	ive	Ra	Row
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						- 0	'					- 0	`	_	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	11	1	0	0	0	0	4	0	0	0	0	0	17
Professionals	0	1	20	0	0	0	0	0	6	0	0	0	0	0	27
Technicians	0	0	3	3	1	0	0	0	9	2	2	0	0	0	20
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	1	1	0	0	0	0	4
Craft Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	2	28	10	2	0	0	1	1	2	0	0	0	0	46
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	4	71	15	3	0	0	1	21	5	2	0	0	0	122
DDIOD 2024 DEDODTING VEAD TOTAL	4	3	68	14	2	I 0	0	1	22	3	3	0	n	0	117

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTER II	VI OKW	IATIO	N KEI	OKI (	EEO-	COM	TONE	1111)				Expir	ation Dat	e: 08/31/	2024
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			E	STABLI	SHME	NT REF	PORT								
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OFS COMPANY ID					INITEE	NIATIO		OYER N		40044	1050				
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATI	ΓΑΝ			NY		1001	9
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	TFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTE						,			
NR18277							IFF (	Clackar	mas						
HEADQUARTERS OR ESTABLISHN	IENT-LEV	VEL ADE	RESS				C	TY/TOV	VN			STATE		ZIP CO	DE
12482 SE Ca			TLLDD					ACKAN				OR		9701	
.2.02.02	•														
	SECTI	ION D –	EMPI		IDEN'I 931189	CIFICA'	TION N	UMBE	R (EIN	)					
		CECTI	N E			FILING	FILE	DII ITY	<b>5</b> 7						
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YES (Employer Is Eligib											NGER I	N BUSI	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
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YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>	as a	fric		aiia	dia	2	•	or	_	aiia	ativ	ož o	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	3	12	1	2	0	0	1	5	0	1	1	0	1	28
Professionals	1	1	6	1	0	0	0	0	3	0	4	0	0	0	16
Technicians Sales Workers	0	1	5 0	0	0	0	0	0	6 2	0	0	0	0	0	29 3
Administrative Support Workers	0	0	0	0	1	0	0	0	6	0	1	0	0	0	8
Craft Workers	2	0	4	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	12	7	24	5	24	2	1	2	6	1	19	0	0	1	104
Laborers and Helpers Service Workers	3	0 4	0	0	0	0	0	0	1	0	1	0	0	0	0 14
CURRENT 2022 REPORTING YEAR TOTAL	_ 23	18	53	9	32	3	1	6	29	1	29	1	0	3	208
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PRIOR 2021 REPORTING YEAR TOTAL		~=					~== -								
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12/1/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
New acquisition their OFS Company ID was FM47413

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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OFS COMPANY ID		SECI	ION B	– EMP	LOYE	K IDEN		OYER N	ΔMF						
0074272					INITER	ΝΔΤΙΩ				AGRAN	ICES				
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ADDRESS								TY/TOW				STATE		ZIP CC	
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	Γ-LEVEL	NAME				
NG27624							IFF Mid	dland -	Plant						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
627-693 Was	shington S	St					N	IIDLAN	D			MI		4864	10
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	ON E.	EMPL	0VER		FLIGI	BILITY	V						
X YES (Employer Is Eligi										NO LO	NGER I	N BUS	INESS		
S	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
NEG (C' 1 E (11)	, F							. 1 1' 1	, F		E i				
☐ YES (Single-Establis	nment Emp	noyer is	Federa	I Contra	ctor)	YES (I	viuiti-Es	tabiisnm	ient Em	pioyer is	Federa	Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	6	0	0	0	0	0	3	0	0	0	0	0	10
Professionals	0	0	30	0	1	0	0	0	12	1	2	0	0	0	46
Technicians Sales Workers	0	0	12 0	0	0	0	0	0	9	0	0	0	0	0	24 0
Administrative Support Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Craft Workers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	5	1	78	6	0	0	0	1	12	1	0	0	0	0	104
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 5	3	137	6	2	0	0	1	37	2	3	0	0	0	196
PRIOR 2021 REPORTING YEAR TOTAL	L 7	3	121	8	2	0	0	1	39	1	3	0	0	0	185

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 08/31/	2024
				TION A											
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TON E	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID					INITEE	NATIO		OYER N			1050				
0074272					INTER	MATIO	NAL FL	AVOR	5 & FR	AGRAN	NCES				
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1		
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HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
11 West Li	tesse Dr						TER	RE HA	UTE			IN		4780	)2
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X YES (Employer Is Eligi				- EMPL						NO I ON	NGFR I	N RIICI	INESS		
	ECTION										IOLKI	птьсы	LIVESS		
8	ECTION			tity ID (				IION (I	п аррис	able)					
☐ YES (Single-Establish	ment Emr							tablichm	ant Em	nlover ic	Federal	Contra	ctor)		
<del>_</del> · · •	•	•													
∐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
■ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  311999 - All Other Miscellaneous Food Manufacturing															
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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	0	0	4	1	0	0	0	0	2	0	0	0	0	0	7
Professionals Technicians	0	0	2	0	0	0	0	0	3 5	0	0	0	0	0	5 6
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	2	0	0	0	0	0	3
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	34 0	0	0	0	0	0	0	0	0	0	0	0	39 0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		0	49	5	0	0	0	0	13	0	0	0	0	0	67
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PRIOR 2021 REPORTING YEAR TOTA	L 0	0	53	3	1	0	0	0	12	1	0	0	0	0	70

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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			E:	STABLI	SHME	NT REF	PORT								
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	ıble)	ı		
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		SECTIO	ON E -	·EMPL			ELIGI	BILITY	Ϋ́						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUSI	INESS		
SE	CTION							TION (i	if applic	able)					
		<u>Uni</u>	que En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
YES (															
_ `	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers															
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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0074272					INTER	ΝΔΤΙΩ				AGRAN	ICES				
										7.010.0					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADOU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)	- L		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	TABLIS	HMENT	Γ-LEVEL	NAME	•			
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HEADQUARTERS OR ESTABLISH	MENT-LEV	/FL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DF
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☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES															
	S (Headquarters is Federal Contractor)														
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers					_	0	0	0					0	0	
First/Mid-Level Officials and Managers	0	0	10	7	0	0	1	0	2	3	0	0	0	0	0 23
Professionals	1	1	10	7	0	0	0	1	3	5	0	0	0	0	28
Technicians	4	0	4	11	0	0	0	0	1	14	0	0	0	0	34
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	2	5	0	0	0	0	7
Craft Workers Operatives	3	0	26 21	5 103	0	0	0	0	3	0 17	0	0	0	1	34 149
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 9	1	71	134	0	0	2	2	12	44	0	0	0	1	276
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 3	1	68	128	0	0	2	1	13	37	0	0	0	1	254
5	1	•													1

SECTION I - WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTER IN	I OKWI	AHO	N KE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 08/31/	2024
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		~-~~		STABLI											
OFS COMPANY ID		SECT	TON E	– EMP	LOYE	R IDEN		ATION OYER N	AME						
0074272					INITED	NATIO				AGRAN	ICES				
					IINTEIN	INATIO				AUITAI					
ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 57T	H ST						MA	NHATT	TAN			NY		1001	19
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
0074283						I	FF Sou	th Brur	nswick						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
150 Cocks Co	rner Rd	l					D	AYTO	N			NJ		0881	10
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	CTION														
52	011011			tity ID (					паррис						
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)  ☐ VES (Headquarters is Federal Contractor) ☐ VES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	31	1930 - I	Flavori	ng Syru	p and	Concen	trate M	anufact	turing						
	SE.	CHON	N H – V	VORKF	OKCE		Race/E								1
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		ø		fric an		ajia Isl	nerican Indian Alaska Native	ez e	4	or	_	aiia Isl	nerican Indian Alaska Native	ez e	Total
	Male	Female	White	ck or Afric American	Asian	Hic aw	E Š	Ore	White	Black or	Asian	aw.	E Ž	Ore	Total
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Executive/Senior Level Officials and Managers	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	4	5	38	1	5	0	0	0	33	1	2	0	0	0	89
Professionals	6	4	37	1	5	0	0	0	51	6	15	1	0	1	127
Technicians Sales Workers	2	1	10 4	0	0	0	0	0	12 12	1	1	0	0	0	36 21
Administrative Support Workers	2	6	8	1	0	0	0	0	29	2	3	0	0	0	51
Craft Workers	4	0	4	2	0	0	0	1	0	0	0	0	0	0	11
Operatives	14	3	80	28	4	0	2	0	0	0	0	0	0	0	131
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	35	19	182	36	18	1	2	2	138	11	22	1	0	2	469
PRIOR 2024 REPORTING VEAR TOTAL	27	17	186	28	17	3	1	3	137	11	22	1	0	2	455

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

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				TON A											
		CECT		B – EMP				TION							
OFS COMPANY ID		SECI	ION D	– EMI	LUIE	KIDEN		OYER N	AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C – HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	able)			
AG99085					неарс	UARTER		Carrollt		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	DRESS					TY/TOW				STATE		ZIP CC	DDE
1620 West Cros								RROLL				TX		7500	
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	I		I		
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligi	ole to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER I	NO LO	NGER I	IN BUS	INESS		
S	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DES	SIGNA'	TION (i	if applic	able)					
☐ YES (Single-Establish	ment Emr							tablichn	ant Em	nlover ic	Fadara	1 Contra	etor)		
<del>_</del> · · •	•	•													
■ 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															
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	SE	ECTION	V H – V	VORKF	ORCE										I
	∐ier	anic	1				Race/E	thnicity Hispan	•	atino					
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES	-	<u>o</u>	o o	Black or African American	_	aiia Isla	ıdia ativ	e Ra	as a	Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	aw	n In	Nore	White	Black or	Asian	aw	n In	Aore	1000
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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	6	1	2	1	0	0	0	0	5	1	0	0	0	0	16
Professionals Technicians	0 4	2	0	0	0	0	0	0	7	1	1	0	0	0	15 14
Technicians Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	14
Administrative Support Workers	2	1	1	2	0	0	0	0	1	4	1	1	0	0	13
Craft Workers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	40	0	2	10	0	0	0	0	0	0	0	0	0	0	52
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	<b>L</b> 53	6	8	16	4	0	0	1	13	7	4	1	0	0	113
PRIOR 2021 REPORTING YEAR TOTAL	L 52	4	8	10	4	0	0	0	14	7	4	0	0	0	103
		SECTIO	NI –	WORK	FORCI	ESNAP	тонг	PERIO	)						

12/1/2022 - 12/31/2022

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

### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER II	NFORM	IATIO.	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ation Dat		
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				STABLI	_		_								
		SECT	TION I	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID 0074272					INITED	NIATIO		OYERN		AGRAN	ICES				
					INTER	INATIO				AGRAN	ICES				
ADDRESS								ITY/TOV				STATE		ZIP CO	
521 W 57								NHAT				NY		1001	9
SECTION C – HOVESTABLISHMENT-LEVEL UNIT ID	IEADQU	JARTE	RS OR							<b>ΓΙΟΝ</b> (if Γ-LEVEL		able)			
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HEADQUARTERS OR ESTABLISHM 600 State R		/EL ADL	DRESS					ITY/TOV HAZLE				STATE NJ		ZIP CO	
600 State R												INJ		0773	50
	SECTI	ON D -	- EMPl	LOYER	IDENT 131432		TION N	NUMBE	R (EIN	)					
		SECTIO	ON F -	- EMPL			r el ic	IRII IT	v						
X YES (Employer Is Eligib		-			_					NO LON	JCFR I	IN RIIGI	NFCC		
				-							WEK.	пов	NESS		
Si	ECTION			tity ID (					іг аррііс	abie)					
VFS (Single-Establish	ment Emr		-						nent Em	nlover is	Federa	1 Contra	etor)		
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
SECTION G – NAICS INFORMATION 325611 - Soap and Other Detergent Manufacturing															
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		atino			M	ale					Fer	nale			
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JOB CATEGORIES				Black or African American		iiar	American Indian or Alaska Native	Ra		Black or African American		iiar	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	0	0	3	0	2	0	0	0	5	0	0	0	0	0	10
Professionals	0	4	8	0	2	0	0	0	19	0	4	0	0	0	37
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	_ 0	4	13	0	4	0	0	0	27	0	4	0	0	0	52
PRIOR 2021 REPORTING YEAR TOTAL		3	9	0	2	2	0	0	25	0	5	0	0	0	46
	:	SECTIO	ON I –	WORK		E SNAP <mark>2/31/2</mark> 0		PERIO	D						
SECTION	J – HEA	DOUAT	RTERS					VEL CO	)MMF	NTS (on	tional)				
No Comments Provided		_ ~0.11		. 011 20				00		<u>-</u> 2 (op					

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	Expiration Date  SECTION A – TYPE OF REPORT													e: 08/31/	2024
				TION A STABLI											
		CECT		B – EMP				TION							
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	K IDEN		OYER N	ΔME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57								NHATT				NY		1001	
SECTION C -		ADTE	DS OD	FSTAR	I ICHA	IENT.I				TION (i	f applies				
HQ/ESTABLISHMENT-LEVEL UNIT ID	IIEADQU	AKILI	NO OK	LSIAD	HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	ioic)			
KH74598							IFF W	inter Ha	aven						
HEADQUARTERS OR ESTABLISH			DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1000 American Su	perior Bou	ulevard					WINT	TER HA	VEN			FL		3388	30
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligi											NGER I	IN BUS	INESS		
S	ECTION	F – FEI Uni	DERAI ique En	L CONT tity ID (	TRACT UEI):	OR DE:	SIGNA dicable	TION (1	if applic	able)					
☐ YES (Single-Establish	ment Emp							tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
_	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  311225 - Fats and Oils Refining and Blending														
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	JE.	CHON	111 - V	VOKKI	OKCE		Race/E								
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JOB CATEGORIES		•		Black or African American		iiar Sla	diar	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	2	0	0	0	0	0	0	0	2	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	1	1	0	0	0	0	0	1	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	1	1	0	0	0	1	0	0	0	0	0	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 5	2	5	1	0	0	0	1	4	0	0	0	0	0	18
PRIOR 2021 REPORTING YEAR TOTA	L 3	2	5	0	1	0	0	1	2	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EWN LOTEKTI	II OKWI	AHO	N KE		Expir	ation Dat	e: 08/31/	2024							
				TON A											
		CECT						TION							
OFS COMPANY ID		SECI	IONE	– EMP	LOYE	K IDEN		OYER N	ΔMF						
0074272					INITER	ΝΔΤΙΟ				AGRAN	ICES				
										7.010.11					
ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 571	'H ST						MA	NHATT	TAN			NY		1001	19
SECTION C - H	EADQU	JARTEI	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMEN	Γ-LEVEL	NAME				
KH74334							IFF I	Ridgefi	eld						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
55 Railroad							RIE	GEFIE	LD			NJ		0765	57
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL	223060 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LO	NGER I	N BUS	INESS		
SF	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
				tity ID (				(	11	,					
☐ YES (Single-Establish	nent Emr	olover is	Federa	l Contrac	ctor)	YES (	Multi-Est	tablishm	nent Em	plover is	Federa	l Contra	ctor)		
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☐ YES (	S (Headquarters is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ļ	ø		ck or Afric American	_	is is	nerican Indian Alaska Native	ď		or eri	_	iii si si	nerican Indian Alaska Native	ď	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	1	0	4	0	0	0	1	0	0	0	0	0	8
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	. 3	1	4	0	4	0	0	0	5	0	0	0	0	0	17
DRIOR 2024 REPORTING VEAR TOTAL	5	1	5	0	6	0	0	0	5	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012022 - 12312022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	Expiration Date: 08/31 SECTION A – TYPE OF REPORT													e: 08/31/	2024
				TION A											
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
521 W 571	'H ST						MA	NHATI	TAN			NY		1001	19
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NG27734								St. Jose	•		-				
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOV				STATE		ZIP CC	
4509 S. 50								JOSE				МО		6450	)7
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X YES (Employer Is Eligible				• EMPLO						NO LON	NGER I	N RUSI	INESS		
	CTION										OLK	11 2001	LILEDO		
SE	CHON	Uni	ique En	tity ID (	UEI):	Not App	licable	11011 (	паррис	aoic)					
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	YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   SECTION G - NAICS INFORMATION														
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JOB CATEGORIES	ø	<u>e</u>	gy.	\fri can	_	/aiia	ndia	e R	g)	or	ے	aiia Isl	ndia	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	1	3	0	1	0	0	0	11
Professionals	0	0	4	0	2	0	0	1	1	0	0	0	0	0	8
Technicians	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	3	2	0	0	0	0	0	0	0	0	0	0	4 5
Operatives	0	0	33	3	0	0	1	4	8	1	0	0	0	1	51
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
CURRENT 2022 REPORTING YEAR TOTAL	. 0	0	55	5	2	0	1	6	15	1	1	0	0	1	87
PRIOR 2021 REPORTING YEAR TOTAL	0	0	55	3	2	0	1	3	15	1	1	0	0	3	84

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

				`								Expir	ation Dat	e: 08/31	/2024
						E OF RI									
		OF C				NT REF		TION							
OFS COMPANY ID		SECI	IONE	S – EMP	LOYE	R IDEN		OYER N	IAME						
0074272					INTER	NATIO				AGRAN	NCES				
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATI	ΓΑΝ			NY		100	19
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	BLISHN	AENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
HB81637					-			The Da				~~.~~		=======	
HEADQUARTERS OR ESTABLISH 250 Steelh		VEL ADI	DRESS					TY/TOV E DALI				STATE		2IP CC 970	
250 Steelii												UK		970	J0
	SECTI	ON D -	- EMPI		IDEN'I 911994	ΓΙ <mark>ΓΙ</mark> CΑ΄ 110	IION N	UMBE	R (EIN	)					
						FILING									
X YES (Employer Is Eligi	ble to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
S	ECTION							TION (	if applic	able)					
<b>—</b> ************************************						Not App									
☐ YES (Single-Establish	•					,							,		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
									na						
						ted Foo									
							Race/E	thnicit	у						
		anic				-1-	Not	Hispan	ic or L	atino.					
	or L	atino			IV	ale					Fer	nale			-
						z de	'n	S		_		z e	ō	S	
IOD OATEOODIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	an c	Two or More Races	Row
JOB CATEGORIES	ø	<u>a</u>	ē	ck or Afrio American	⊊	vaii	nerican Indian Alaska Native	re F	Ę.	ner	Ę	vaii	American Indian Alaska Native	re F	Total
	Male	Female	White	or ,	Asian	Hav	an l ka l	Mo	White	Black or	Asian	Hav	an l ka l	Mo	
		IL.	_	ack An		Ve	eric Ias	ō	_	ica Ea	`	Ve	eric Ias	or	
				ä		lati	Αm	, ×		Afr		lati	ΨΨ	_ 	
						-0	_	_				-0		_	
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 Professionals	0	0	5	0	0	0	0	0	3	0	0	0	0	0	10 4
Technicians	1	0	1	1	0	0	0	0	1	0	0	0	0	0	4
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers Operatives	9	2	3 5	0	0	0	0	0	0	0	0	0	0	0	3 17
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		2	17	2	0	0	0	0	9	0	1	0	0	0	43
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 8	5	18	2	0	0	0	0	10	0	1	0	0	0	44

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

												Expir	ation Dat	e: 08/31/	2024
			SECT	TION A	– TYPI	E OF RI	EPORT				•				
			E\$	STABLI	SHME	NT REP	ORT								
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		2012			OYER N	AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/NI			STATE	1	ZIP CC	DE
	и от														
521 W 57T								NHATT				NY		1001	9
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NG27723							IFF	Rockla	nd						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
19 Lime S	reet						RC	CKLAI	ND			ME		0484	11
	CECT	OND	EMDI	OVED	IDEM	DIEICA!	TTONIN	TD ADE	D (EIN	`					
	SECTI	- ע אט	EMP	LOYER	IDENT 321787		HUN N	UMBE	K (EIN	,					
		SECTIO	N F.	EMPL			FLICE	RII ITY	V						
X YES (Employer Is Eligible										NO LO	JOED 1	NI DITO	INIEGO		
											NGEK I	IIN BUSI	UNE SS		
SE	CTION							TION (i	if applic	able)					
			_	tity ID (											
☐ YES (Single-Establishn	istablishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)														
□ ves o	SS (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TES (	S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	· · · · · · · · · · · · · · · · · · ·														
				ther Mis											
	SE	CTION	N H – V	VORKF	ORCE										
							Race/E		<u>,                                      </u>	_					
		anic					Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale				1	Fen	nale	1		
						. 5						. 5			
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		=		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		an	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Зас	Row
JOB CATEGORIES	0	Female	a)	ck or Afric American	u	raii S Is	ndi Iat	e F	O)	Black or an Amer	_	aii	ndi Iati	e F	Total
	Male	шa	White	r A	Asian	aw	n II	lor	White	ck An	Asian	aw	n a N	lor	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	10	0	0	0	0	0	1	0	0	0	0	0	11
Professionals	0	0	12	0	0	0	0	0	2	0	0	0	0	1	15
Technicians	0	0	4	0	0	0	0	0	7	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	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Craft Workers Operatives	0	0	15 44	0	0	0	0	0	3	0	0	0	0	1	16 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
CURRENT 2022 REPORTING YEAR TOTAL	0	0	88	1	0	0	0	1	16	0	0	0	0	2	108
JULIAN TOTAL			- 50				_								.00
PRIOR 2021 REPORTING YEAR TOTAL	0	0	88	1	0	0	0	0	12	0	2	0	0	2	105
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SECTION I - WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

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

OMB Control Number: 3046-0049

												Expir	ation Dat	e: 08/31/	2024
			SECT	TION A	– TYPI	E OF RI	EPORT				•				
			E:	STABLI	SHME	NT REF	ORT								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADOL	ARTEI	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	f annlica	ible)	l		
HQ/ESTABLISHMENT-LEVEL UNIT ID	LIDQU		ub OII							Γ-LEVEL		ioic)			
NG27613							IFI	F Larkir	า						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1803 Larkin Ce								IIDLAN				MI		4864	
			EM (DI	OVED	IDEN	DIETO A				`					
	SECTI	ON D -	EMPI		343550	FIFICA' <mark>621</mark>	IION N	UMBE	R (EIN	)					
_						FILING					•		•		
X YES (Employer Is Eligibl											NGER I	N BUS	INESS		
SE	CTION							TION (i	if applic	able)					
_			_	-		Not App									
<ul> <li>■ YES (Single-Establishment Employer is Federal Contractor)</li> <li>■ YES (Multi-Establishment Employer is Federal Contractor)</li> <li>■ YES (Headquarters is Federal Contractor)</li> <li>■ YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
☐ YES (	•														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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541714	- Resea	irch and	d Deve	lopmen	it in Bio	technol	oav (ex	cept N	anobio	technolo	oav)				
-						DEMO					- 377				
							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	an an	ck or Afric American	_	a≝ Isl	ıdi	9		o eri	_	lä⊟s	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Professionals	0	0	9	0	1	0	1	0	6	0	2	0	0	0	19
Technicians	0	0	3	0	0	0	0	0	1	0	1	0	0	1	6
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	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	1	0	0	0	0	0	1
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0		0	0		0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	15	0	1	0	1	0	13	0	3	0	0	1	34
PRIOR 2021 REPORTING YEAR TOTAL	0	2	22	0	3	0	1	0	27	0	4	0	0	0	59

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Name Changed from IFF Midland (IHS) to IFF Larkin address has also been updated

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

												Expir	ation Dat	e: 08/31/	2024
						E <b>OF RI</b> NT REP					•				
		SECT				R IDEN		TION							
OFS COMPANY ID		SECI	ION B	- ENIF	LUIE	KIDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS								TY/TOW				STATE		ZIP CC	
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID  NG27547					HEADQ	UARTE				Γ-LEVEL	NAME				
		TEX ADD	DEGG					F Beloi				OTT A TEXT	1	7TD 00	DE.
HEADQUARTERS OR ESTABLISHM 2600 Kenne		EL ADD	ORESS					TY/TOW BELOIT				STATE WI		ZIP CC 535′	
2000 Kerine	•											VVI		555	11
	SECTI	ON D –	EMPI		IDENT 222332	TIFICA' 007	TION N	UMBE	R (EIN	)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligibl											NGER I	IN BUS	INESS		
SE	CTION					OR DES		TION (i	if applic	able)					
VFS (Single Establish	ant Emr		-	-				tablichm	ant Em	nlover ic	Fadara	l Contra	ctor)		
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  325199 - All Other Basic Organic Chemical Manufacturing														
						DEMO									
							Race/E		<u>,                                      </u>						
	Hisp	anic atino			M	ale	Not	Hispan	ic or L	atino	Eon	nale			
	OI L	atino			IVI	ale					rei	liale			
				_		or der	J.	Se		_		or der	ŗ.	Se	
IOD CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Ð	ale	te	Afri can	u.	vaii c Is	Indi Vati	re F	ē.	ner	⊊	vaii	ndi Vati	re F	Total
	Male	Female	White	ck or Afric American	Asian	Hav	nerican Indian Alaska Native	Mo	White	Black or an Amer	Asian	Hav	nerican Indian Alaska Native	Mo	
		Ľ	_	ack An	,	ve I	əric Iasl	or	_	BI	`	Ve l	əric Iasl	or	
				Bi		lati the	Ame A	_w		Afr		Native Hawaiian Other Pacific Islan	Ame A		
						- 0	,					-0		_	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	7 15	0	0	0	0	0	4	0	1	0	0	0	12 20
Technicians	0	0	1	0	0	0	0	0	5	0	0	0	0	0	6
Sales Workers	0	0	3	0	0	0	0	0	0 4	0	0	0	0	0	7
Administrative Support Workers Craft Workers	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
Operatives	2	0	22	2	0	0	0	1	4	0	0	0	0	0	31
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	59	2	0	0	0	1	21	0	1	0	0	0	87
CORRENT 2022 REPORTING TEAR TOTAL	3	U	อช	2	U	U	U		21	U	<u>'</u>	U	U	U	0/
PRIOR 2021 REPORTING YEAR TOTAL	2	0	64	1	0	0	0	0	17	0	1	0	0	0	85

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMILOTEKT	SECTION A – TYPE OF REPORT													e: 08/31/	2024
				TION A											
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		DECI	10111	, D.VII	LOIL	I IDE.		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTEI	RS OR							<b>ΓΙΟΝ</b> (i: Γ-LEVEL		able)			
KH74565					HEADQ	UAKIEI		Cincinn		I-LEVEL	INAME				
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
5404 Duff	Drive						CI	NCINN	ATI			ОН		4524	16
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	<u> </u>				
W vma and a very many				EMPL	OYER	FILING							<b>D.IT</b> .G.G.		
X YES (Employer Is Eligit	e to File)										NGER	IN BUS	INESS		
51	CHON			tity ID (				IION (I	паррис	able)					
☐ <b>YES</b> (Single-Establish	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				ng Syru VORKF											
							Race/E								
		anic atino			м	ale	Not	Hispan	ic or L	atino	Fon	nale			
	01 20	211110				aic .					1 61	iaic			
				an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		än		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	
JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	e Ra	d)	Black or African American	_	aiia	American Indian or Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	law.	ın Ir a N	<b>J</b> or	White	Black or	Asian	law ific	ın In	/lor	
	_	Fe	>	ck c	<	e H Pac	rica ask	or N	>	Bla	<	e H Pac	rica ask	or N	
				Bla		ati\ her	me Al	WO		Afri		ati\ her	me Al	WO	
						Ζŏ	•	Ĺ				Zõ	•	Ĺ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	3	0	0	0	0	0	3	0	0	0	0	0	8
Technicians	0	0	1	0	0	0	0	0	1	_	0	0	0	0	2
Sales Workers	0	0	5	0	0	0	0	1	1	0	0	0	0	0	7
Administrative Support Workers	0	1	1	0	0	0	0	0	3	0	0	0	0	0	5
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	1	4	3	0	0	0	0	1	0	0	0	0	0	9
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 0	2	16	4	0	0	0	1	12	1	0	0	0	0	36
PRIOR 2021 REPORTING YEAR TOTA	_ 1	2	18	3	0	0	0	1	13	1	0	0	0	0	39

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

	Expiration Date: 08/31 SECTION A – TYPE OF REPORT													e: 08/31/	2024
						E OF RI					•				
		SECT	TON B	R – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		2012			OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C -	HEADOI	IARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL.	IDENT	TFICA'	TION (if	fannlica	hle)			
HO/ESTABLISHMENT-LEVEL UNIT ID	пьльус	)11K1L)	NO OIL	LOIM	HEADO	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME	ioic)			
NG27593								Madiso							
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
3329 Agric	ulture Dr						M	ADISO	N			WI		5371	16
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN	)	<u>L</u>		l .		
		SECTION	ON E -		431052 OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligi	ble to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUS	INESS		
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
VEC (Simple Establish	amont Emi							tabliaba	ont Em		Fodomol	Contro	atau)		
<del>_</del> · · •	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	(Headqua	•													
		YES (Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION													
32599	8 - All Oth									nufactu	ring				
	SI	ECTION	N H – V	VORKF	ORCE	DEMO									ı
							Race/E		•						
		oanic atino			M	ale	Not	Hispan	ic or L	atino	Eon	nale			
	Of L	atino			IV	ale	1				ren	naie	1		
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		ø		fric	_	aiia Isla	dia ativ	œ		or eri	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	œ	Total
	Male	Female	White	ck or Afrio American	Asian	ij 🦹	ΞŽ	ore	White	Black or	Asian		ΞŽ	ore	Total
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		-		ack Al		δĒ	eric Jas	ō		E i		Š Ģ.	eric Jas	ō	
				B		lati he	ă A	8		Afr		lati he	Ĕ A	8	
						2 5	٩	-				2 5	٩	-	
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	20	1	1	0	1	1	10	0	0	0	0	0	36
Professionals	3	1	36	3	2	0	0	0	36	0	2	0	0	1	84
Technicians	1	1	15	2	3	0	0	0	19	0	4	0	1	0	46
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	2	0	10	0	0	0	0	0	0	0	0	0	0	0	12
Operatives	13	2	66	15	17	0	1	1	8	1	1	0	0	0	125
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	<b>L</b> 20	5	149	21	23	0	2	2	75	1	7	0	1	2	308
PRIOR 2021 REPORTING YEAR TOTAL	L 19	5	143	21	18	0	2	1	75	0	10	0	0	1	295
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 1231202

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 08/31/	2024
				TION A											
		CECT		STABLI B – EMP				TION							
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS	5						CI	TY/TOW	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NG27778							IFF	Thoms	on						
HEADQUARTERS OR ESTABLISH			RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
10994 Thre	e Mile Rd						TH	HOMSC	N			IL		6128	35
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
_				EMPL	OYER	FILING									
X YES (Employer Is Eligi				-							NGER I	IN BUS	INESS		
S	ECTION							ΓΙΟΝ (i	if applic	able)					
				tity ID (					_						
	☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
YES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)													
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION 311999 - All Other Miscellaneous Food Manufacturing														
				ther Mis											
	SE	CHON	\ <b>п</b> – у	VUKKI	OKCE		Race/E								
	Hisp	anic						Hispan	•	atino					
		atino			М	ale					Fer	nale			
				⊊		Native Hawaiian or Other Pacific Islande	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o o	Two or More Races	
JOB CATEGORIES		4		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	iva iic I	Inc	ore	White	Black or	Asian	iwa fic I	Na Na	ore	Total
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				面		Nat	Am ,	Ž		Αŧ		Nat	Am /	Š	
						- 0						- 0		•	
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 Professionals	0	0	8	0	0	0	0	0	1	0	0	0	0	0	9
Technicians	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	2	0	33	0	0	0	0	0	0	0	0	0	0	0	35
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 2	0	58	0	0	0	0	0	5	0	0	0	0	0	65
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 2	0	64	0	0	0	0	0	4	0	0	0	0	0	70

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI EOTEKT	SECTION A – TYPE OF REPORT													e: 08/31/	2024
			SECT	TION A	- TYP	E OF RI	EPORT								
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATI	TAN			NY		1001	19
		I A TO (TO EC)	DO OD	TOTAL D	T TOTTS	ATTAIN Y				DIONI ()	C 1:				
SECTION C – HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	AKIE	KS OK							T-LEVEL		ibie)			
B140207					TILADQ	OMMILI		nion Be		-LL V LL	1 W LIVIL				
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOV				STATE		ZIP CO	
1515 State	Route 36						UNI	ON BE	ACH			NJ		0773	35
	SECT	ION D -	EMPI		IDENT	CIFICA'	TION N	UMBE	R (EIN	)	•				
		SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligi	ble to File	NO 🔲	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
S	ECTION					OR DE		TION (	if applic	able)					
□ ******	. =		-												
☐ YES (Single-Establish					<i>'</i> —	,									
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
32599	B - All Oth	ອ ner Misc	cellane	ous Ch	emical	Produc	t and P	n reparat	ion Ma	nufactui	rina				
02000						DEMO				Haraota	illig				
							Race/E								
	Hist	oanic						Hispan	•	atino					
		atino			М	ale					Fer	nale			
				_		ger o	5	S		_		de o	5	Se	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>	a)	ck or Afric American	_	lsi	ati	8	o o	or	_	l≋⊟s	ndia ati	e R	Total
	Male	Female	White	Z S	Asian	aw	= Z	or o	White	Black or	Asian	a w	E S	ore	
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						- 0		_				- 0	`	_	
Executive/Senior Level Officials and Managers	. 1	0	7	0	2	0	0	0	2	0	1	0	0	0	13
First/Mid-Level Officials and Managers	1	1	26	0	23	0	0	0	10	1	7	1	0	0	70
Professionals	6	2	45	4	26	0	0	0	29	5	21	0	0	0	138
Technicians	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Sales Workers Administrative Support Workers	0	3	0	0	0	0	0	0	0 8	0	0	0	0	0	0 12
Craft Workers	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	<b>L</b> 8	6	86	4	53	0	0	0	50	6	29	1	0	0	243
PRIOR 2021 REPORTING YEAR TOTAL	<b>L</b> 9	7	76	0	55	5	0	0	45	4	23	1	0	0	225
		CECTIO	NI I	WODK	FODCI	CNIAD	CHOTI	DEDIO	<u> </u>			1			1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012022 - 12312022

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

### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	SECTION A – TYPE OF REPORT														2024
				TON A		-	-				•				
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	RNATIO				AGRAN	ICES				
ADDRESS	шот							TY/TOV				STATE		ZIP CC	
521 W 57T								NHATI				NY		1001	19
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							<b>FION</b> (it F-LEVEL		able)			
NG27657					неарс	UAKTE		Newa		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	FNT-LEX	/FL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DF
1301 Ogleto		LLTIDD	KLSS					EWAR				DE		197	
	SECTI	ON D -	EMPI	LOYER	IDENT 321787		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPLO			ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Emple	oyer Is N	ot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)  ☐ VES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  325199 - All Other Basic Organic Chemical Manufacturing															
	SE	CTION	H – V	VORKF	ORCE	DEMO	GRAPH	IIC DA	TA						
							Race/E		•						
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale			
	0. 2.														
				can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>0</u>	ale	te	Black or African American	E S	vaii c Isl	nerican Indian Alaska Native	ē R	te	c or meri	иĸ	vaii c Isl	nerican Indian Alaska Native	ē R	Total
	Male	Female	White	ror	Asian	Hav	an ska l	§.	White	Black or an Amer	Asian	Hav	san ska l	§.	
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				a		Othe	An'	≥		Ą		Othe	An,	≥	
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	7	1	0	0	0	0	6	0	0	0	0	0	14
Professionals	0	0	10	0	1	0	0	0	3	2	1	0	0	0	17
Technicians	0	0	6	1	1	0	0	0	0	1	0	0	0	0	9
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 2
Craft Workers	0	0	14	0	0	0	0	0	0	0	0	0	0	0	14
Operatives	1	0	27	14	1	0	0	2	1	4	0	0	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
CURRENT 2022 REPORTING YEAR TOTAL	1	0	65	16	3	0	0	2	11	8	1	0	0	0	107
PRIOR 2021 REPORTING YEAR TOTAL	1	0	61	16	4	0	0	1	9	6	1	0	0	0	99
		SECTIO	ON I –	WORK		E SNAP 1231202		PERIO	D		1				
SECTION J	- HEA	DQUAF	RTERS					EL CO	OMME	NTS (opt	tional)				

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTEKTI	SECTION A – TYPE OF REPORT													e: 08/31/	2024
				TON A -											
		OT 07						mros.							
OFS COMPANY ID		SECT	TON B	- EMP	LOYE	R IDEN		OYER N	AME						
0074272					INITED	NATIO				AGRAN	ICES				
					IIVILIV	NATIO				AOITAI					
ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 57T	H ST						MA	NHATT	TAN			NY		1001	19
SECTION C - H	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
NG27668							IFF	Palo A	lto						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
925 & 975 Pag	e Mill R	d					PA	LO AL	TO			CA		9430	)4
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
Unique Entity ID (UEI): Not Applicable  ☐ 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)															
L IES															
	ES (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														
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341714				VORKF						technolo	Jgy)				
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
						or der	or	es		n		or der	or	es	
IOD CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø.	Female	g.	ck or Afric American	u	/aii	ndi Iati	ė	, e	Black or	_	/aii	ndi Iati	ė	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	1	7	0	0	0	0	0	10	1	0	0	0	0	20
Professionals	5	3	46	0	17	0	0	2	28	0	36	0	0	0	137
Technicians	1	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	7	1	10	2	6	1	0	2	0	0	3	0	0	3	35
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	. 15	7	64	2	25	1	0	4	40	2	40	0	0	4	204
DRIOR 2024 REPORTING VEAR TOTAL	13	g.	64	2	27	1	0	2	30	3	38	0	0	0	107

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012022 - 12312022

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

### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE.	N1 1)					ation Dat		
				TION A											
			E:	STABLI	SHME	NT REF	PORT								
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID					INITED	NATIO		OYER N		A C D A A	IOEC				
0074272					INTER	MATIO				AGRAN					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
521 W 571	H ST						MA	NHATT	AN			NY		1001	9
SECTION C – H	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
NG27701						IF	FF Rocl	nester -	Office						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
3490 Winton	Place						RO	CHEST	ER			NY		1462	23
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)			•		
	,	SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
		Uni	que En	tity ID (	UEI):	Not App	licable								
<ul> <li>YES (Single-Establishment Employer is Federal Contractor)</li> <li>YES (Multi-Establishment Employer is Federal Contractor)</li> <li>YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
YES	YES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
	Headquarters is Federal Contractor)														
	· _														
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	SE			VORKF					TA						
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino	F				
	or La	atino			IVI	ale					ren	nale			
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	_	<u>0</u>	a)	fric		ajja Isla	dia ativ	ě.	•	or	(	aiia Isla	dia ativ	ě	Total
	Male	Female	White	r A	Asian	aw	n N	<u> </u>	White	Black or an Amer	Asian	awaific	n a	<u> </u>	
	2	Fel	≥	Black or African American	Ä	e H	nerican Indian Alaska Native	> ≥	>	Bla	Ä	e H	nerican Indian Alaska Native	>	
				slac /		itiv er F	ner Ala	Ő.		fric		itiv er F	ner Ala	Ő.	
				ш		호	Ā	₽		⋖		ı <sub>s</sub> ₽	Ā	Ě	
Executive/Senior Level Officials and Managers	0			0	•		0	•		0	•		0	0	1
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	4	0	0	0	0	0	7
Professionals	0	0	5	1	0	0	0	0	8	1	0	0	0	0	15
Technicians Sales Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Administrative Support Workers	1	0	1 11	0	0	0	0	0	6	0	0	0	0	0	18
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		0	21	1	0	0	0	0	21	1	0	0	0	0	45
COLUMN TOTAL TOTAL	<u>'</u>														
PRIOR 2021 REPORTING YEAR TOTAL	. 4	0	25	1	0	0	0	0	23	1	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

2022 2011 20 1 211	11 014.12		·	(	LLO.	1 001/1	1 01 (12)	. (1 1)				Expir	ration Dat	e: 08/31/	2024
				TION A STABLI											
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	<sup>-</sup> AN			NY		1001	9
SECTION C - 1	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
GX73245						I	FF Tast								
HEADQUARTERS OR ESTABLISH		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
7800 Holst								ADELF				PA		1915	53
					061713	185			`	)					
X YES (Employer Is Eligib				• EMPLO over Is N						NO LOI	NGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'								
				tity ID (											
<ul> <li>■ YES (Single-Establishment Employer is Federal Contractor)</li> <li>■ YES (Multi-Establishment Employer is Federal Contractor)</li> <li>■ YES (Headquarters is Federal Contractor)</li> <li>■ YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  311930 - Flavoring Syrup and Concentrate Manufacturing														
	31°	1930 - I	Flavori	ng Syru VORKF	ip and	Concen	trate M	anufact	uring						
	SE	CHO	<u> </u>	VOKKE	OKCE		Race/E								
	Hisp	anic							ic or L	atino					
		atino			M	ale					Fer	nale			
						7.5		"				r 9r		"	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	a)	ıfric	_	aiig	nerican Indian Alaska Native	e R	ω	or neri	_	aiis	nerican Indian Alaska Native	e R	Total
	Male	Female	White	ck or Afrio American	Asian	aw	n a N	Jo.	White	Black or an Amer	Asian	aw	a N	Jo.	
	=	Fe	>	Am Am	⋖	Рас	ica ask	7	>	Bla	<	е н	ica	7	
				3lao		er	ner Ala	ě		fric		er	Ala	ě	
						ž ģ	Ā	≥		•		ž ģ	₹	≥	
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	11	0	0	0	0	0	10	1	1	0	0	1	25
Professionals	0	1	21	1	0	0	0	0	21	1	4	0	0	0	49
Technicians	0	1	8	0	1	0	0	0	6	1	0	0	0	0	17
Sales Workers	0	0	2	0	1	0	0	0	6	0	0	0	0	0	9
Administrative Support Workers	0	0	1	0	0	0	0	0	6	0	0	0	0	0	7
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	1	7	10	5	0	0	0	0	0	0	0	0	0	24
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 1
CURRENT 2022 REPORTING YEAR TOTA		4	51	11	8	0	0	0	49	3	5	0	0	1	133
CORNENT 2022 REPORTING TEAR TOTA	<u> </u>	4	ונ	11	0	U	U	U	49	J	Ü	U	V		133
PRIOR 2021 REPORTING YEAR TOTA	L 1	3	50	11	7	0	0	0	51	3	4	0	0	1	131

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTEKTI	SECTION A – TYPE OF REPORT													e: 08/31/	2024
				TION A							•				
		SECT	TON B	B – EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	ION	- 151411	LOIL	KIDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTEI	RS OR							<b>ΓΙΟΝ</b> (i: Γ-LEVEL		able)			
NG27692					HEADQ	VOARTEI		Remino		I-LEVEL	IVAIVIL				
HEADQUARTERS OR ESTABLISHN	MENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
413 Cressy	Avenue						RE	MINGT	ON			IN		4797	77
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	•		•		
El vina an in in in in in				EMPL	OYER	FILING							<b></b>		
X YES (Employer Is Eligib	le to File)										NGER	IN BUS	INESS		
31	CHON			tity ID (				IION (I	паррис	able)					
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  311224 - Soybean and Other Oilseed Processing														
	SE			ybean a VORKF											
							Race/E								
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fen	nale			
	0. 20										101				
				an		Native Hawaiian or Other Pacific Islander	n or	Two or More Races		can		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	Daw
JOB CATEGORIES	0	<u>e</u>	ø,	Black or African American	_	aiia Isla	American Indian or Alaska Native	e Ra	ø.	Black or African American	_	aiia S Isla	American Indian or Alaska Native	e R	Row Total
	Male	Female	White	ck or Afric American	Asian	Haw	an II ka N	Mor	White	Black or	Asian	Haw	an II ka N	Mor	
		ъ	>	ack An	1	ve h	erica las	or	>	Bi	4	ve F	erica last	ō	
				B		Nati	Ame	Two		Afr		Nati	Ame	Γwο	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0 6
Professionals	0	0	7	0	0	0	0	0	2	0	0	0	0	0	9
Technicians	0	0	3	0	0	0	0	0	2	0	0	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	1	0	0	0	0	0	1
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	3	0	22	0	0	0	0	0	4	0	0	0	0	0	29
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
CURRENT 2022 REPORTING YEAR TOTAL	_ 3	0	45	0	0	0	0	0	10	0	0	0	0	0	58
PRIOR 2021 REPORTING YEAR TOTA	_ 3	0	43	1	0	0	0	0	11	0	0	0	0	0	58

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTERT	M OKW	AHO	N KE	OKI (	EEO-	COM	TONE	111)				Expir	ation Dat	e: 08/31/	2024
			-	-		E OF RI NT REF									
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		DOIL			OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATI	AN			NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI				Γ-LEVEL	NAME				
A028742							FF Tas								
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOV				STATE		ZIP CC	
10801 Dec								ADELI				PA		1915	54
				(	061713					)					
X YES (Employer Is Eligil						FILING				NO LOI	NGER I	N BUS	INESS		
	ECTION														
		Uni	ique En	tity ID (	UEI):	Not App	licable								
<ul> <li>■ YES (Single-Establishment Employer is Federal Contractor)</li> <li>■ YES (Multi-Establishment Employer is Federal Contractor)</li> <li>■ YES (Headquarters is Federal Contractor)</li> <li>■ YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION														
	SE					tract Ma DEMO			TA						
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
				_		or der	ō	sə		_		or der	o.	sə	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	Female	ţ.	ck or Afric American	u.	vaii c Is	Indi	re F	ţ.	Black or	E.	vaii c Is	nerican Indian Alaska Native	re F	Total
	Male	em	White	or, neri	Asian	Hav	an   ka	Mo	White	lack n Ai	Asian	Hav	an   ka	Mo	
		Ľ.	_	ack An		Ve	eric Ias	or	_	BI		Ve	eric Ias	or	
				B		Vati	Ame	Γ×ο		Afr		Vati the	Ame	Γ×ο	
						-0		_				-0	,	_	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	15	2	1	0	0	0	6	0	0	0	0	0	25
Professionals	0	0	7	0	0	0	0	0	6	1	0	0	0	1	15
Technicians Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	1	0	3	0	0	0	0	0	17	1	1	0	0	0	23
Craft Workers	0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
Operatives	7	0	26	19	8	0	0	1	4	4	0	0	0	0	69
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	5	0	0	0	0	0	0	0	0	0	0	6
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 9	0	58	28	10	0	0	1	37	6	1	0	0	1	151
PRIOR 2021 REPORTING YEAR TOTA	L 10	0	63	36	9	0	1	1	35	4	1	0	0	1	161

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTER II	VI OKWI	AHO	N KEI	OKI (	EEO-	COM	TONE	111)				Expir	ation Dat	e: 08/31/	2024
			-	TION A STABLI			-				•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATI	TAN			NY		1001	19
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR			MENT-L DUARTE						able)			
NG27582					TIL: IDQ	OMKILI		Institu		I-LL V LL	TWINL				
HEADQUARTERS OR ESTABLISHN	MENT-LEV	/EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
WV-2	5						IN	STITU	TE			WV		2511	12
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER I	IN BUS	INESS		
SI	ECTION			L CONT tity ID (				TION (	if applic	able)					
☐ YES (Single-Establish	ment Emp		-					tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
■ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  325199 - All Other Basic Organic Chemical Manufacturing															
	325 SE	CCTION	VH – V	VORKF	ORCE	DEMO	GRAPI	anutaci HC DA	TA						
							Race/E								
		anic atino			м	ale	Not	Hispan	ic or L	atino	Fen	nale			
	01 20										1 01				
				an		Native Hawaiian or Other Pacific Islander	n or	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	<b>D</b>
JOB CATEGORIES	0	<u>e</u>	ø	Black or African American	_	aiia	American Indian or Alaska Native	e Ra	ø	Black or African American	_	aiia : Isla	American Indian or Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	Haw	an Ir ka N	Mor	White	Black or	Asian	Haw	an Ir ka N	Mor	
		Ľ.	>	ack An	1	r Pa	erica	or	>	BI	1	r Pa	erica	or	
				B		Nati Othe	Am	Twc		Afr		Nati	Am	Twc	
Function (Continue) Committee							•	•						•	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	0	1	0	0	0	0	0	0 8
Professionals	0	0	10	1	0	0	0	0	5	0	0	0	0	0	16
Technicians	0	0	3	2	0	0	0	0	2	0	0	0	0	0	7
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0 2
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	21	1	0	0	0	0	0	0	0	0	0	0	22
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	_ 0	0	45	4	0	0	0	0	10	0	0	0	0	0	59
PRIOR 2021 REPORTING YEAR TOTAL	_ 0	0	64	0	0	0	0	0	12	0	0	0	0	0	76

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 08/31/	2024
				TION A											
				STABLI											
OFC COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
OFS COMPANY ID 0074272					INITED	NIATIO				AGRAN	ICES				
					INTEN	INATIO				AOINAIN			1		
ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 57								NHATT				NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
AG99578								ackson							
HEADQUARTERS OR ESTABLISH			RESS					TY/TOW				STATE		ZIP CO	
2051 North	Lane Ave						JACI	KSONV	ILLE			FL		3225	54
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligi	ble to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
	ECTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establis	nment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
32519	4 - Cyclic								cal Mar	nufactur	ina				
020.0				VORKF						·····	9				
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale	ı				Fen	nale	1		
						- <del>-</del>		<b>,</b> 0				- 5			
				Ę		Native Hawaiian or Other Pacific Islander	p e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic I	Na Na	ore	White	Black or an Amer	Asian	ic I	Inc	J.	Total
	Male	eπ	ξ	o ner	Asi	Ha	ka a	Ĕ	₹	lac n A	Asi	Ha	an ka	ĕ	
		ш	_	An		e e	aric las	ō	_	B	_	e e	ric las	ō	
				Bla		ati	# E	8		Λfri		ati	F A	8	
						z ö	⋖	É				z g	•	F	
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	1	9	3	0	0	0	0	1	0	0	0	0	0	16
Professionals	1	0	5	1	2	0	0	0	0	0	0	0	0	0	9
Technicians	1	0	1	0	1	0	0	0	0	1	0	0	0	0	4
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	3	1	0	0	0	0	0 5
Craft Workers	0	0	15	4	0	0	0	0	0	0	0	0	0	0	19
Operatives	2	0	11	15	0	0	0	0	0	0	0	0	0	0	28
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	<b>L</b> 6	1	42	23	3	0	0	0	4	2	0	0	0	0	81
			1		1		1		1						
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 6	1	48	17	4	0	0	0	4	2	0	0	0	0	82

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 08/31/	2024
						E OF RI									
						NT REP									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		<b>TION</b> OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
					1			TY/TOW				CTATE	1	ZID.CO	DE
ADDRESS	пст											STATE		ZIP CO	
521 W 57T								NHATT						1001	9
SECTION C – H	EADQU	JARTEI	RS OR	ESTAB	LISHN	<u>IENT-L</u> DUARTEI	EVEL	IDENT	IFICAT	ΓΙΟΝ (if	f applica	ıble)			
NG27780					пьарс	VARIE		Vilming		-LEVEL	NAME				
		TEX ADD	DEGG									OTT A TEXT	1	7TD 00	D.F.
HEADQUARTERS OR ESTABLISHM 200 Powder		EL ADD	DRESS					TY/TOW .MINGT				STATE		ZIP CO	
200 Powder												DE		1980	13
	SECTI	ON D -	EMPI			CIFICA'	TION N	UMBE	R (EIN	)					
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	CTION										TOLKI	I DODI	LLDD		
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☐ 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)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  541714 - Research and Development in Biotechnology (except Nanobiotechnology)															
541714						DEMO:				echnolo	ogy)				
	31	CHON	111 – V	VOKKI	OKCE		Race/E								
	Hisr	anic							ic or L	atino					
		atino			M	lale					Fen	nale			
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				_		Native Hawaiian or Other Pacific Islander	P	ses		⊊		Native Hawaiian or Other Pacific Islander	ō	Ses	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>0</u>	Female	te	ck or Afric American	ᇤ	vai c Is	Ind Nat	re	te	Black or an Amer	an	vai c Is	Ind Nat	<u>ē</u>	Total
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Executive/Senior Level Officials and Managers	1	0	9	1	0	0	0	0	3	2	1	0	0	0	17
First/Mid-Level Officials and Managers	1	6	25	1	6	0	0	0	17	1	2	0	0	0	59
Professionals	9	5	101	8	28	0	0	1	87	8	27	0	0	0	274
Technicians Sales Workers	1	0	4	0	1	0	0	0	7	0	3	0	0	0	8 17
Administrative Support Workers	0	1	1	1	1	0	0	0	8	4	0	0	0	1	17
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives Laborers and Helpers	0	0	7	0	0	0	0	0	7	0	0	0	0	0	17 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		13	152	13	36	0	0	1	132	15	34	0	0	1	410
PRIOR 2021 REPORTING YEAR TOTAL	12	14	178	12	49	1	0	3	139	16	37	0	0	3	464
	- ;	SECTIO	ON I –	WORK	FORCI	E SNAP	SHOT I	PERIO	D	<u>.                                    </u>		l			

12012022 - 12312022

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

### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER II	NFORM	AHO	NKE	OKI (	EEO-	COM	PONE.	N1 1)					ation Dat	te: 08/31/	
				TON A STABLI							,				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C – I	IEADOL	ARTE	RS OR	FSTAR	I ISHN	IENT_I	EVEL	IDENT	IFICA'	TION (i	f applica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ILADQU	AKIL	KD OK							Γ-LEVEL		ioic)			
NG27558							IFF Ce	edar Ra	apids						
HEADQUARTERS OR ESTABLISHM	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1000 41st Av	e Dr SW	1					CED	AR RA	PIDS			IA		5240	)4
					161362	385				)					
X YES (Employer Is Eligib				EMPL						NO LO	NCED I	N DUC	MECC		
	ECTION										NGERI	IN BUSI	INESS		
	2011011			tity ID (				11011 (	пиррис	uoic)					
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)  ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
	005	S	ECTIO	NG-1	NAICS	INFOR	MATIO	N							
	325	199 - A	All Othe	er Basic	Organ	DEMO	CDADL	anutact	uring						
	SE	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hier	anic	1					Hispan	•	atino					
		atino			М	ale	1101	Пэрап	C O1 L	atino	Fen	nale			
				_		or der	ō	es		_		or der	ō	es	
100 0475000150				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	o o	ıfri	_	aii:	ndi. ati	e R	a)	o je	_	aii:	ati	e E	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers Professionals	2	1	18 34	0	0 4	0	0	0	4 12	0	1	0	0	0	23 54
Technicians	0	0	10	0	0	0	0	0	8	0	0	0	0	0	18
Sales Workers	1	0	20	0	0	0	0	0	6	0	1	0	0	0	28
Administrative Support Workers	0	0	6	0	0	0	0	0	3	0	0	0	0	0	9
Craft Workers Operatives	0	0	15 75	0	0	0	0	0	0	0	0	0	0	0	15 76
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	_ 4	1	178	0	4	0	0	0	35	0	2	0	0	0	224
PRIOR 2021 REPORTING YEAR TOTAL	_ 5	1	168	0	4	0	0	0	30	0	2	0	0	1	211

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT													2027		
			SECT	TION A	– TYPI	E OF RI	EPORT								
			E	STABLI	SHME	NT REF	ORT								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	NCES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME				
NG27681							IF	F Pryo	r						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
5532 Hunt	Street							PRYOR	₹			OK		7436	61
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Ÿ						
XYES (Employer Is Eligibl										NO LO	NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
			_	tity ID (											
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	ent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
L IES	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
225000	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  325998 - All Other Miscellaneous Chemical Product and Preparation Manufacturing														
325998				VORKF						nuractu	ring				
							Race/E								
	Hisn	anic						Hispan		atino					
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				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	as a	ck or Afrio American	_	aji Isl	ndi; ati	e R	as a	or	_	aji si	ati	e E	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	8	0	1	0	1	1	1	0	1	0	0	0	13
Professionals	1	2	13	1	0	0	0	2	7	0	0	0	0	0	26
Technicians	0	1	10	0	0	0	0	0	6	0	0	0	1	0	18
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	8	0	0	0	0	0	10
Craft Workers	0	0	22	0	0	0	7	2	1	0	0	0	0	0	32
Operatives	1	0	69	0	1	3	28	8	9	0	0	0	5	0	124
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	3	124	1	2	3	36	13	32	0	1	0	6	0	223
DDIOD 2024 DEDODTING VEAD TOTAL	2	2	110	1	2	0	36	13	28	0	4	1 1	6	0	211

SECTION I - WORKFORCE SNAPSHOT PERIOD

12012022 - 12312022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	11 014.1		. , 1121	0111 (	LLO	1 001/1	1 0112	. (1 1)				Expir	ation Dat	e: 08/31/	2024
				TION A											
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C - I	IEADQU	JARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	QUARTE				Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISH 4300 Dunca			DKESS					TY/TOW T LOUI				STATE		ZIP CC 6311	
4300 Duncai			EMPI	LOYER	IDEN'	ΓΙFICA'				D		IVIO		001	
		SECTIO	ON E -	· EMPL	131448 OVER		FLIGI	BILITY	v						
X YES (Employer Is Eligib										NO LO	NGER I	N BUS	INESS		
Si	ECTION							TION (i	if applic	able)					
_			-	tity ID (											
☐ YES (Single-Establish	ES (Single-Establishment Employer is Federal Contractor)														
☐ YES															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
541/15 - Research and Develo				, Engine VORKF						anotech	inology	and Bi	otechno	ology)	
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
				<u>u</u>		Native Hawaiian or Other Pacific Islander	or	sec		an		or	or	sec	
JOB CATEGORIES		ø.		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	18	0	2	0	0	0	3	1	0	0	0	0	25
Professionals	2	0	28	1	2	0	0	0	31	2	6	0	0	0	72
Technicians	1	0	1	0	1	0	0	0	0	0	0	0	0	0	3
Sales Workers	1	0	2	0	0	0	0	0	9	0	0	0	0	0	12
Administrative Support Workers	0	0	0	0	0	0	0	0	5	1	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA		1	51	1	5	0	0	0	48	4	6	0	0	0	120
JUNEAU EVER NEI ORTING TEAR TOTA			J.	<u>'</u>	, i		_							Š	0
PRIOR 2021 REPORTING YEAR TOTA	1 4	1	55	1	4	0	0	0	57	4	5	0	0	1	132

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022

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

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

OMB Control Number: 3046-0049

													Expiration Date: 08/31/2024				
SECTION A - TYPE OF REPORT  ESTABLISHMENT REPORT																	
			E:	STABLI	SHME	NT REF	PORT										
		SECT	TON B	B – EMP	PLOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID							EMPL	OYER N	AME								
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES						
ADDRESS							C	TY/TOW	VN			STATE	1	ZIP CC	DE		
	пет																
521 W 577								NHATT				NY		1001	19		
	EADQU	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HQ/ESTABLISHMENT-LEVEL UNIT ID		`															
NG27525		IFF Bellevue															
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	DRESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE		
300 Great Lal	es Pkw	y					BE	ELLEV	JE			OH		4481	11		
	,																
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 431448205																	
431448205 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 E - FEDERAL CONTRACTOR DESIGNATION (if applicable)																	
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Living Entity ID (LED): Not Applicable																	
Unique Entity ID (UEI): Not Applicable																	
☐ 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																	
493110 - General Warehousing and Storage																	
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity																	
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		oanic					Not	Hispan	ic or L	atino							
	or L	atino			IVI	ale	1	1			Fer	nale	1 1				
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row		
JOB CATEGORIES	ø	a B	9	oal	⊑	vai	nd Aat	<u>ē</u>	9	Black or	⊑	vai	nd lat	<u>ē</u>	Total		
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				ш		S ₹	A	≥		¥		S ₹	An	≥			
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 Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2		
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4		
		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers	0			^	^	^	0	0	0	0	>	^					
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0			0	0	0	0	0	0 4	0	0	0					
Service Workers	0 1	0	0										0	0	0		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012022 - 12312022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EWII LOTEK II	(I OKWI	AHO	IN INE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 08/31/	2024
				TION A											
		CECT						TTON							
SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME															
0074272					INTER	NATIO				AGRAN	ICES				
										7.010.11					
ADDRESS								TY/TOV				STATE		ZIP CC	
521 W 577	TH ST						MA	NHATI	TAN			NY		1001	19
	EADQU	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
P032034		IFF Hazlet - Plant													
HEADQUARTERS OR ESTABLISHM	IENT-LEV	/EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
650 State R	oute 36														30
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 131432060															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligib										NO LOI	NGER I	IN BUSI	INESS		
X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
■ 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															
325611 - Soap and Other Detergent Manufacturing															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E								
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	or La	atino			IVI	ale					Fen	nale			
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	ļ			Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	•	ck or Afric American	,	aiia	nerican Indian Alaska Native	A e	•	or	_	ajia Isl	nerican Indian Alaska Native	A e	Total
	Male	Female	White	r A	Asian	aw	E S	lore	White	Black or	Asian	aw Hic	E Z	lore	. Otal
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						- 0	_	_				- 0	,	_	
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	3	3	18	0	2	0	0	1	9	1	1	0	0	0	38
Professionals	0	2	16	0	2	0	0	0	13	2	4	1	0	0	40
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Administrative Support Workers	0	6	6	0	1	0	0	0	25	1	2	0	0	0	41
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	15	0	48	9	1	0	0	3	2	0	0	0	0	0	78
Laborers and Helpers Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3
CURRENT 2022 REPORTING YEAR TOTAL		13	98	11	6	1	0	4	51	4	10	1	0	0	218
CORNERS 2022 REFORTING TEAR TOTAL	. 13	13	30	1.1	J J	'	V	7	J1	7	10		U	J	210
DRIOR 2024 REPORTING YEAR TOTAL	16	Q	96	Q	5	2	0	2	40	4	9	0	0	0	201

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

													Expiration Date: 08/31/2024			
			SECT	TION A	- TYP	E OF RI	EPORT									
			E:	STABLI	SHME	NT REF	PORT									
		SECT	TON E	<b>B – EMP</b>	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N								
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
521 W 57	TH ST						MA	NHATT	AN			NY		1001	9	
		ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (II applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
KH74510					TILADQ						NAME					
		IFF TastePoint Corona  r-LEVEL ADDRESS CITY/TOWN STATE Z														
HEADQUARTERS OR ESTABLISH			DRESS									STATE		ZIP CO		
790 E Hams	an Street	t					C	ORON	A			CA		9287	<b>'</b> 9	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
223060382																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS																
S	ECTION	F – FEI	DERAI	LCONT	RACT	OR DE	SIGNA	TION (	f applic	able)						
5	Dellon	Uni	iaue En	tity ID (	UED:	Not App	licable	11011(	т аррис	aoic)						
Unique Entity ID (UEI): Not Applicable  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																
311999 - All Other Miscellaneous Food Manufacturing																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicit	/							
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	atino			M	lale					Fer	nale				
						_						_				
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es		
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		<u>0</u>	ø)	ck or Afrio American	_	a≝ ISI	nerican Indian Alaska Native	es es	ø.	or	_	a∺is	nerican Indian Alaska Native	es es	Total	
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						-0		_				- 0	`	_		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	6	0	1	2	0	0	0	0	1	0	1	0	0	0	11	
Professionals	1	0	1	1	0	0	0	0	0	0	1	0	0	0	4	
Technicians	1	0	0	0	0	0	0	0	1	0	0	1	0	0	3	
Sales Workers Administrative Support Workers	2	3	0	0	0	0	0	0	1	0	0	0	0	0	6	
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Operatives	13	2	1	0	1	0	0	0	1	0	0	0	0	0	18	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTA	L 25	7	3	3	1	0	0	1	5	0	2	1	0	0	48	
PRIOR 2021 REPORTING YEAR TOTA	<b>L</b> 25	6	2	3	1	0	0	1	4	1	1	1	0	0	45	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012022 - 1231202

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

				`								Expir	ation Dat	e: 08/31/	2024
SECTION A - TYPE OF REPORT  ESTABLISHMENT REPORT															
OFS COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
0074272					INTER	ΝΔΤΙΩ				AGRAN	ICES				
		INTERNATIONAL FLAVORS & FRAGRANCES  CITY/TOWN STATE ZIP CODE													
ADDRESS															
521 W 57								NHATI				NY		1001	19
SECTION C -	HEADQU	JARTE	RS OR	ESTAB								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
NG27646		IFF New Century - Plant  IT-LEVEL ADDRESS CITY/TOWN STATE ZI													
HEADQUARTERS OR ESTABLISH			DRESS									STATE		ZIP CO	
201 New Cent	ury Parkw	ay					NEW	/ CENT	URY			KS		6603	31
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
431052363															
SECTION E – EMPLOYER FILING ELIGIBILITY  VES (Employer to Eligible to Eilo)  NO (Employer to Not Eligible to Eilo)  FINDLOYER NO LONGER IN RUSINESS															
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)															
S	ECTION							TION (	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ 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															
SECTION G – NAICS INFORMATION 311999 - All Other Miscellaneous Food Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale	ı	ı			Fen	nale	ı		
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JOB CATEGORIES		_		ı.		iiar	liar tive	Ra		تزي		iiar	liar	Ra	Row
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	Male	Female	White	ck or Afric American	Asian	Ha	ka a	ĕ	White	Black or an Amer	Asian	Ha	ka ä	Mo	
		ш		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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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	9	0	0	0	0	0	3	0	0	0	0	0	13
Professionals	0	0	4	0	0	0	0	0	3	0	0	0	0	0	11 6
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Craft Workers	2	0	9	2	1	0	0	0	0	0	0	0	0	0	14
Operatives Laborers and Helpers	17 0	0	38	7	6	0	0	0	6	0	0	0	0	0	81 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	L 21	3	67	10	8	0	1	1	14	1	2	0	1	0	129
PRIOR 2021 REPORTING YEAR TOTA	L 16	3	66	10	8	0	2	1	15	2	1	0	0	0	124

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2022 - 12/31/2022

No Comments Provided

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

SECTION A – TYPE OF REPORT													ation Dat	e: 08/31/	2024
			E:	STABLI	SHME	NT REP	ORT								
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C – I	IEADOL	ADTE	DC OD	ECTAD	T ICHA	IENT I	EVEL	IDENT	IEICAT	CION (i	Connline	hla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	NO OK	ESTAD	HEADO	UARTE	RS OR ES	TABLIS	HMENT	LION (II	NAME	ible)			
NG27635							F New								
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HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
4 New Centur	/ Parkwa	Parkway NEW CENTURY KS													31
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 431052363															
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): Not Applicable															
<u>Unique Entity ID (UEI)</u> : Not Applicable															
☐ 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															
541715 - Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and Biotechnology)															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
		anic				_	Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale	1 1		
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				⊊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	liar	Ra		Black or African American		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afrio American	Asian	waj	Inc Na	<u>e</u>	White	Black or an Amer	Asian	wai	lno Na	<u>e</u>	Total
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Executive/Senior Level Officials and Managers			•	_	•					•	•	_	•	•	
First/Mid-Level Officials and Managers	3	0	0 15	0	1	0	0	0	0 10	0	0	0	0	0	0 30
Professionals	3	3	32	2	3	0	0	0	19	3	4	0	0	0	69
Technicians	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
Sales Workers	2	0	13	0	1	0	0	0	16	0	0	0	0	0	32
Administrative Support Workers	0	3	8	0	0	0	0	0	27	0	1	1	0	1	41
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		6	74	3	5	0	0	0	76	3	5	1	0	1	182
CONNERS 2022 NEI ONTINO TEAN TOTAL	-   •	· ·	, ,	J	,	V	•		70	<b>5</b>		'	v		102
PRIOR 2021 REPORTING YEAR TOTAL		6	78	3	3	0	0	0	74	2	5	1	1	1	179
	\$	SECTIO	ON I –	WORK 12/1/20	FORCI 022 - 1:	E SNAP: 2/31/20:	SHOT I <mark>22</mark>	PERIOI	)						

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTER INFORMATION REFORT (EEO-1 COMI ONENT I)													Expiration Date: 08/31/2024				
						E OF RI					•						
						NT REP											
OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME								
0074272					INITED	NATIO				ACDAN	ICES						
					INTER	INATIO				AGRAN							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE		
521 W 57	TH ST						MA	NHATT	AN			NY	1001	19			
SECTION C - I	IEADQU	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME						
NG27560		IFF Gibson City															
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE		
124 South F	oute 47						GIB	SON C	ITY			IL		6093	36		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 431448205																	
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)																	
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable																	
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																	
311224 - Soybean and Other Oilseed Processing SECTION H - WORKEODGE DEMOCRAPHIC DATA																	
SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity																	
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row		
JOB CATEGORIES		ø		fric	_	aiia Isla	nerican Indian Alaska Native	ě	<b>a</b> >	or eri	_	aiia Isla	nerican Indian Alaska Native	œ	Total		
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				8		Nat	Am,	Š		₹		Nat	Am /	Ž			
						- 0		•				- 0		•			
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	0	0	17	0	0	0	0	0	3	0	0	0	0	0	20		
Professionals Technicians	0	0	7	0	0	0	0	1	4	0	0	0	0	0	14		
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	1	0	0	0	0	0	3	0	0	0	0	1	5		
Craft Workers	0	0	19	0	0	0	0	0	0	0	0	0	0	0	19		
Operatives Laborers and Helpers	5 0	0	67 3	0	0	0	0	0	0	0	0	0	0	0	79 3		
Service Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3		
CURRENT 2022 REPORTING YEAR TOTA	_ 5	1	120	6	0	0	0	1	15	0	0	0	0	1	149		
PRIOR 2021 REPORTING YEAR TOTA	_ 3	1	121	6	0	0	0	1	17	0	0	0	0	1	150		
		SECTIO	NI-	WORK	FORCI	ESNAP	SHOT I	PERIO	)						1		

12012022 - 12312022

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