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

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		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
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	IEADOU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICAT	TION (if	applica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTEI									
HEADQUARTERS OR ESTABLISH	AENIT I EX	/EL ADE	DECC		1		CI	TY/TOW	/NI			STATE		ZID.CO	DE
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		SECTION	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LON	IGER I	N 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) Unique Entity ID (UEI): Not Applicable															
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)															
Unique Entity ID (UEI): 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 (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
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JOB CATEGORIES				Black or African American		iiai sla	nerican Indian Alaska Native	Ra		Black or African American		iiai	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	3	1	27	2	4	2	0	0	19	0	4	0	0	0	62
First/Mid-Level Officials and Managers	39	29	371	21	45	2	2	7	212	12	25	2	0	3	770
Professionals	44	38	571	36	78	31	1	12	489	40	154	2	1	9	1506
Technicians	21	21	114	28	22	2	0	2	97	37	22	3	1	3	373
Sales Workers Administrative Support Workers	7 14	6 34	59 89	0 8	6	0	0	3 1	91 216	22	11	3	0	2	184 405
Craft Workers	12	0	203	22	4	2	6	3	4	0	0	0	0	0	256
Operatives	184	20	856	291	77	4	35	28	77	49	22	0	5	5	1653
Laborers and Helpers	2	0	1	2	0	0	0	0	0	0	0	0	0	0	5
Service Workers	2	5	11	9	3	2	0	0	0	0	1	0	0	0	33
CURRENT 2023 REPORTING YEAR TOTA	328	154	2302	419	241	45	44	56	1205	162	249	10	7	25	5247
PRIOR 2022 REPORTING YEAR TOTA	_ 332	151	2497	408	286	11	46	59	1271	141	244	11	8	24	5489
		SECTIO	ONI-	WORK	FORCE	ESNAP	SHOT I	PERIO	<u> </u>			l]		l
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID O074272 ADDRESS ADDRESS STATE MANHATTAN EMPLOYER IDENTIFICATION EMPLOYER NAME INTERNATIONAL FLAVORS & FRAGRANCES CITY/TOWN STATE ZIP CODE MANHATTAN NY 10019

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

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

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

DATE OF CERTIFICATION 5/9/2024 9:24 AM [EST]

D OVEDS CEDTIEVING OFFICIA

EMPLOYER'S CER'	ΓΙFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Michelle Hughes	HR Business Partner
Email Address of Certifying Official	Telephone Number of Certifying Official
michelle.hughes@iff.com	319-431-7569
PRIMARY POINT OF CONTACT (POC) I	OR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Michelle Hughes	HR Business Partner
	IFF
Email Address of Primary POC	Telephone Number of Primary POC
michelle.hughes@iff.com	319-431-7569

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number 2046 0040

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

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		SECT	TION 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	VN			STATE		ZIP CO	DDE
521 W 57TH	ST						MA	NHATT	AN			NY		1001	19
	ADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					•						NAME				
0074272						Internat				ances					
HEADQUARTERS OR ESTABLISHMEN		EL ADE	DRESS									STATE			
521 W 57th	St						MA	NHATT	AN			NY		1001	19
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN)					
	5	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible to	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	IGER I	IN BUS	INESS		
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishme	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable lishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
YES (He	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S (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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	or La	atino			М	ale					Fer	nale			
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JOB CATEGORIES	•	le	9	vfrica	_	aiian Sislar	ndian lative	е Кас	Ð	or nerica	_	aiian Sistar	ndian lative	e Rac	Row Total
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Foresting/Opering Level Official															00
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers															22 46
Professionals	3	3	18	2	6	0	0	2	47	2	9	1	0	3	96
Technicians	2	3	4	2	6	1	0	0	7	1	7	2	0	0	35
Sales Workers	0	3	4	0	0	0	0	1	17	0	1	0	0	1	27
Administrative Support Workers	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME International Flavors & Fragrances														26
Craft Workers	SECTION A - TYPE OF REPORT HEADQUARTERS REPORT														
Operatives	SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME INTERNATIONAL FLAVORS & FRAGRANCES														2
Laborara and Halpara	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3
Laborers and Helpers Service Workers	0	0			•										

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

No Comments Provided

PRIOR 2022 REPORTING YEAR TOTAL

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

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

												Expir	ation Dat	e: 11/30/	2026
		SECT						TION							
OFS COMPANY ID		SECI	ION D	- ENIF	LOIL	KIDEN			AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS												STATE		ZIP CO	
521 W 57T														1001	19
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HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
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		SECTIO	ON E -				ELIGI	BILITY	Y						
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JOB CATEGORIES	<u>o</u>	ale	ite	Afr ical	an	wai ic Is	Ind Nat	rel	ţe	k or	an	wai	Ind Nat	ē	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 Professionals	1	0	6	1	2	0	0	0	0	0	0	0	0	0	14 10
Technicians	1	0	1	0	1	0	0	0	1	1	0	0	0	0	5
Sales Workers Administrative Support Workers															0 6
Craft Workers	0	0	10	2	0	0	0	0	0	0	0	0	0	0	12
Operatives	TH ST														29
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	1	39	20	4	0	0	0	5	2	0	0	0	0	76
CORRENT 2023 REPORTING TEAR TOTAL	ວ		38	∠U	4	U	U	U	υ	2	U	U	U	U	10
PRIOR 2022 REPORTING YEAR TOTAL	6	1	42	23	3	0	0	0	4	2	0	0	0	0	81

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number 2046 0040

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

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		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 CO	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'	ΓΙΟΝ (it Γ-LEVEL	f applica	ıble)			
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HEADQUARTERS OR ESTABLISH	MENT I EV	/EL ADE	DESS					TY/TOW				STATE		ZIP CO	DE
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		SECTION	ON E -	· EMPL	131432 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligi										NO LO	NGER I	N BUSI	INESS		
S	ECTION	F – FEI Uni	DERA l	L CONT tity ID (TRACT UEI):	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish	nment Emp							tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
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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
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1 1	1	7 22	0	19	0	0	0	2 11	0	1 8	0	0	0	12 63
Professionals	4	4	44	3	0	29	0	0	25	6	21	0	0	0	136
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	3	1	0	0	0	0	0	7	0	0	0	0	0	11
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 2023 REPORTING YEAR TOTA	L 6	8	80	3	22	29	0	0	45	6	30	1	0	0	230
PRIOR 2022 REPORTING YEAR TOTA	L 8	6	86	4	53	0	0	0	50	6	29	1	0	0	243
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

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

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

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OFS COMPANY ID		SECI	IONE	S – EMIP	LOYE.	R IDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							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									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NG27734					-			St. Jose	•				1		
HEADQUARTERS OR ESTABLISH		/EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
4509 S. 8								JOSE				MO		6450)7
	SECTI	ON D -	- EMPI		IDENT 431448	TIFICA' <mark>205</mark>	FION N	UMBE	R (EIN)					
X YES (Employer Is Eligi						FILING				NO LON	ICED I	INI DIJICI	NIEGO		
				-							NGER I	IN DUSI	INESS		
S	ECTION					OR DE		HUN (1	ıı applıc	abie)					
☐ YES (Single-Establish	ment Emr							tablishm	nent Em	plover is	Federa	l Contra	ctor)		
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						•			ments 1	s Federa	I Contra	actor)			
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JOB CATEGORIES	O)	ale B	ē	ck or Afric American	⊆	/aii	nerican Indian Alaska Native	ē	ē	or	⊑	vaii c Is	American Indian Alaska Native	e F	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	26	1	0	0	1	4	7	1	0	0	0	0	40
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 2023 REPORTING YEAR TOTAL	L 0	0	48	3	2	0	1	6	14	1	1	0	0	0	76
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	55	5	2	0	1	6	15	1	1	0	0	1	87

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 11/30/	2026
						E OF RI									
		~~~				NT REP									
OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		OYER N	ΔME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
521 W 57	гн sт						MA	NHATT	AN			NY		1001	19
SECTION C - I	IEADOL	IARTE	RS OR	ESTAR	LISHN	IENT-I	EVEL	IDENT	IFICA	FION (it	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IL:IDQC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	up or							LEVEL		1010)			
NG27723							IFF	Rockla	nd						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				Cl	TY/TOW	VN			STATE		ZIP CO	DE
19 Lime S	Street						RC	OCKLAI	ND			ME		0484	<b>1</b> 1
	SECTI	ON D -	EMPI		IDENT 321787	TIFICA'	TION N	UMBE	R (EIN	)	ı		<u> </u>		
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LON	NGER I	IN BUS	INESS		
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	or L	atino			M	ale					Fen	nale			
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	an c	Two or More Races	Row
JOB CATEGORIES	σ	<u>e</u>	ø	ck or Afric American	_	/aiia	nerican Indian Alaska Native	ė.	Q)	or	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	ė	Total
	Male	Female	White	or 4	Asian	law cific	an I	Mor	White	Black or an Amer	Asian	la cific	an I	Mor	
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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	12	0	0	0	0	0	1	0	0	0	0	0	13
Professionals	0	0	7	0	0	0	0	0	1	0	0	0	0	1	9
Technicians	0	1	4	0	0	0	0	0	1	0	0	0	0	0	6
Sales Workers Administrative Support Workers	0	0	3	0	0	0	0	0	3	0	0	0	0	0	0 6
Craft Workers	0	0	16	0	0	0	0	0	1	0	0	0	0	0	17
Operatives	0	0	37	1	0	0	0	0	3	0	0	0	0	1	42
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	_ 0	1	79	1	0	0	0	0	10	0	0	0	0	2	93
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	88	1	0	0	0	1	16	0	0	0	0	2	108
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/31/2023

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

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046,0040

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

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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID									AME						
0074272					INTER	RNATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
	IEADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE				Γ-LEVEL	NAME				
NG27560															
HEADQUARTERS OR ESTABLISHM	IFF Gibson City  IENT-LEVEL ADDRESS  OUTE 47  GIBSON CITY  IL  60936  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  431448205  SECTION E - EMPLOYER FILING ELIGIBILITY  le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
124 South F	oute 47						GIB	SON C	ITY			IL		6093	36
				4	31448	205				)					
X YES (Employer Is Eligib										NO LON	NGER I	N BUSI	INESS		
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52	2011011	Uni	ique En	tity ID (	UEI):	Not App	licable	11011(	пиррис	uoie)					
☐ YES (Single-Establish	ment Emr	olover is	Federa	1 Contrac	ctor)	YES (	Multi-Es	tablishm	nent Em	plover is	Federal	l Contra	ctor)		
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☐ YES	Headquar	rters is I	ederal	Contract	tor)	YES (N	lon-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
									ments i	s Federa	l Contra	actor)			
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	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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JOB CATEGORIES		O		fric	_	ajia Isla	dia	8		or eric	_	aiia Isla	dia	Re	Row Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers															0 20
Professionals							_								13
Technicians	0	1	2	0	0	0	0	0	3	0	0	0	0	0	6
Sales Workers	READQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														0
Administrative Support Workers	SECTION B - EMPLOYER IDENTIFICATION													4	
Craft Workers	SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME INTERNATIONAL FLAVORS & FRAGRANCES  CITY/TOWN MANHATTAN THEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME IFF Gibson City  MENT-LEVEL ADDRESS CITY/TOWN STATE IL 6093  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 431448205  SECTION F - EMPLOYER FILING ELIGIBILITY  Ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION H - WORKFORCE DEMIGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  OR O														19
Operatives	SECTION A - TYPE OF REPORT													78	
Laborers and Helpers				_			_								1
Service Workers															4
CURRENT 2023 REPORTING YEAR TOTAL	- 4	1	117	7	0	0	0	0	16	0	0	0	0	0	145
PRIOR 2022 REPORTING YEAR TOTAL	5	1	120	6	0	0	0	1	15	0	0	0	0	1	149

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

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			E:	STABLI	SHME	NT REF	PORT								
		SECT	TION E	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADOL	ARTE	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
NG27624							IFF Mid	dland -	Plant						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	DRESS				C	TY/TOW	/N			STATE		ZIP CO	DE
627-693 Was			TUDOO					IIDLAN				MI		4864	
						~									
	SECTI	ON D -	- EMPI		. IDEN'I 343550	TIFICA' <mark>62</mark> 1	TION N	UMBE	R (EIN	)					
_						FILING									
X YES (Employer Is Eligi				-							NGER I	N BUS	INESS		
S	ECTION					OR DE		TION (i	if applic	able)					
□ <b>x</b> rg (g) 1 F (11)	. 15							. 1 11 1			Б				
☐ YES (Single-Establish	nment Emp	oloyer is	Federa	I Contra	ctor)	YES (I	VIulti-Es	tablishm	ient Em	ployer is	Federal	Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (O	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
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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 Professionals	0	0	9 30	0	0	0	0	0	8	0	2	0	0	0	14 42
Technicians	0	1	9	0	0	0	0	0	8	1	0	0	0	0	19
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	5	0	0	0	0	0	5	0	0	0	0	0	10
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	4	1	70	7	0	0	0	0	9	1	0	0	0	0	92
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	AL 4	3	128	7	1	0	0	0	35	3	2	0	0	0	183
PRIOR 2022 REPORTING YEAR TOTA	L 5	3	137	6	2	0	0	1	37	2	3	0	0	0	196

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

OMB Control Number: 3046-0049

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						E OF RI									
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OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS								TY/TOW				STATE		ZIP CO	DE
521 W 57	гы ет							NHATT				NY		1001	
														100	19
SECTION C – I	<u>IEADQU</u>	JARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	FION (if F-LEVEL	f applica	able)			
NG27613					TILADQ	CARTE		F Larkir		-LEVEL	INAME				
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1003 Earkii Ci												IVII		400-	+2
	SECTI	ON D -	- EMPI		IDENT 343550	TIFICA' 621	TION N	UMBE	R (EIN)					
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LON	NGER I	IN BUS	INESS		
Sl	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Un	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	Headaua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
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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	2	0	0	0	0	0	4
Professionals	0	0	9	0	1	0	1	0	6	0	3	0	0	0	20
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	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	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 2023 REPORTING YEAR TOTA		0	12	0	1	0	1	0	10	0	3	0	0	1	28
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	15	0	1	0	1	0	13	0	3	0	0	1	34
		SECTIO	NIT '	WODE	EODCI	CNAD	CHATI	DEDIA	<u> </u>		•	-			•

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

2023 EMILOTEKT	M OKW	AHO	N KE	OKI (EEO-	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
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		CECT						TION							
OFS COMPANY ID		SECI	IONE	B – EMP	LOYE	K IDEN		OYER N	ΔMF						
0074272					INTER	RNATIO				AGRAN	ICES				
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ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C - I	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI				Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
250 Steelhe	ad Way						THI	E DALL	ES			OR		9705	58
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	NF_	· EMPL	011994 OVED		FLICI	BII ITY	v						
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				tity ID (••						
☐ YES (Single-Establish	ment Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
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				ne or Mo		_			ments i	s Federa	l Contra	actor)			
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				Ę		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				Black or African American		iiar	nerican Indian Alaska Native	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0 5	0	0	0	0	0	3	0	0	0	0	0	9
Professionals	0	0	0	1	0	0	0	0	2	0	0	0	0	0	3
Technicians	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
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	3	0	0	0	0	0	4
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives Laborers and Helpers	7	0	0	0	0	0	0	0	0	0	0	0	0	0	13 0
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTA		4	14	2	0	0	0	0	8	0	0	0	0	0	37
COMMENT 2023 REPORTING TEAR TOTAL	_ J	7	14	4	U	U	U	U	0	U	U	· ·	U	U .	31
PRIOR 2022 REPORTING YEAR TOTA	L 12	2	17	2	0	0	0	0	9	0	1	0	0	0	43

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

2023 EMILOTERI	MIOKWI	AHO	N KE	OKI (EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
			-	-		E OF RI	-								
		SECT	TON F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		BUIL			OYER N	AME						
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADOL	ARTE	PS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA'	TION (it	f annlica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ILADQU	AKIL	NO OK			UARTE						ioic)			
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HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
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		SECTIO	ON E -		431052 OYER	363 FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligi											NGER I	IN BUS	INESS		
S	ECTION					OR DE: Not App		TION (i	if applic	able)					
☐ YES (Single-Establish	nment Emr		_	-				tablichm	ant Em	nlover ic	Fadara	l Contra	ctor)		
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☐ YES	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
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		atino			M	ale	1101	Порин		atino	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	ses		<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	es	
JOB CATEGORIES				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
OD OATEOONIES	<u>0</u>	Female	ţ.	ck or Afric American	an an	kai C Is	Ind Nat	re	te	Black or	띪	kai C Is	Ind	<u>ə</u>	Total
	Male	Ë	White	or Jeri	Asian	cii a	an ƙa I	W	White	ach I A	Asian	cii a	an Ka l	€	
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Executive/Senior Level Officials and Manager	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	1	19	1	0	1	1	1	6	0	1	0	0	0	32
Professionals	3	2	35	2	3	1	0	0	38	0	1	0	0	1	86
Technicians	1	0	10	2	4	0	0	1	11	0	3	0	1	0	33
Sales Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	1	4
Administrative Support Workers	0	1	2	0	0	0	0	0	4	0	0	0	0	0	7
Craft Workers	2	0	11	0	0	0	0	0	0	0	0	0	0	0	13
Operatives	14	1	66	14	15	0	1	1	10	1	1	0	0	0	124
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 21	5	145	19	22	2	2	3	70	1	6	0	1	2	299
PRIOR 2022 REPORTING YEAR TOTAL	L 20	5	149	21	23	0	2	2	75	1	7	0	1	2	308
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

2023 EMI LOTER II	Expiration Date: 1													e: 11/30/	2026
				TION A							•				
		OT OF						TTON							
OFS COMPANY ID		SECT	TON B	B – EMP	LOYE	K IDEN		OYER N	ΔMF						
0074272					INITER	NATIO				AGRAN	ICES				
					IIVILIV	INATIO				AUITAN					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C - I	IEADQU	JARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NG27571							IFF	Holmd	lel						
HEADQUARTERS OR ESTABLISHM							CI	TY/TOW	VN			STATE		ZIP CC	DDE
101 Crawfords Corne	r Rd, Sui	ite 4-40	0				H	OLMDE	EL			NJ		0773	33
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	•		•		
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SI	ECTION							TION (i	if applic	able)					
_			-	tity ID (
☐ YES (Single-Establish	ment Employer is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor)														
_	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			VORKF					TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	.atino					
	or La	atino			М	ale					Fen	nale			
						_						_			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		u.		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		ian	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	Φ	Female	ţ.	ck or Afric American	ur.	vai	Ind	re	ţ.	Black or	Ę	vai	Ind	rel	Total
	Male	Ĕ	White	or,	Asian	ej ja	an ca	Nο	White	ack	Asian	da l	an	Nο	
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				ш		울동	Ar	≥		⋖		울	Ā	Ě	
												J			
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	3	1	9	0	3	0	0	0	12 11	0	7	0	0	0	27 34
Professionals Technicians	1	1	5	1	1	0	0	0	5	0	2	0	0	1	17
Sales Workers	1	0	0	0	0	0	0	0	9	0	0	0	0	0	10
Administrative Support Workers	0	0	0	0	0	0	0	0	9	0	0	0	0	0	9
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 7	4	21	1	4	0	0	1	46	1	10	0	0	2	97
PRIOR 2022 REPORTING YEAR TOTAL	7	4	24	1	3	0	0	1	44	1	8	0	0	1	94

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/31/2023

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

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

2023 EMILOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
						E OF RI					•				
		SECT	TON F	R – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	, D.VII	LOIL	K IDE.		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	AN			NY		1001	19
SECTION C - I	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
KH74334							IFF	Ridgefi	eld						
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
55 Railroad	Avenue						RIE	GEFIE	LD			NJ		0765	57
	SECTI	ON D -	EMPI		IDEN ⁷ 223060	FIFICA' 382	TION N	UMBE	R (EIN)					
X YES (Employer Is Eligib						FILING				NO LON	VCED I	IN BLIC	INIFCC		
	ECTION										IGER	II DOS	LIVESS		
ری	ECTION					Not App		11011 (1	п аррпс	auic)					
☐ YES (Single-Establish	ment Emp	olover is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
	mment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
_ IES	(Headquarters is Federal Contractor)														
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						INFOR			na						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
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	Of La	atino			IV	lale					rei	nale			
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IOD OATEOODIES				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	ale	9	ck or Afric American	⊆	vaii	nerican Indian Alaska Native	ē	ā	or	⊆	vaii	nerican Indian Alaska Native	ē	Total
	Male	Female	White	or / neri	Asian	E a a	an I ka M	Θ	White	Black or	Asian	lav cifi	an I ∢a N	Θ	
	_	ı,	>	ck An	٩	Pa	rica	<u>_</u>	>	Car	٩	Pa Pa	rica	<u>_</u>	
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						Z 2	•	É				Zg	⋖	É	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	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 Operatives	2	0	0	0	0 4	0	0	0	0	0	0	0	0	0	7
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		1	3	0	4	0	0	0	4	0	0	0	0	0	15
The second secon				Ĭ											
PRIOR 2022 REPORTING YEAR TOTA	_ 3	1	4	0	4	0	0	0	5	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

2025 EMPLOTER IN	SECTION A – TYPE OF REPORT														2026
				TON A							•				
		SECT	ION 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 CO	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	9
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SECTION C – H	EADQU	AKIL	KS UK							T-LEVEL		ibie)			
KH74466					IIL/IDQ	CHULL		Eastand		DEVEL	T (I II III				
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HEADQUARTERS OR ESTABLISHM		EL ADL	ORESS					TY/TOW				STATE		ZIP CO	
254 Clary	Ext						EA	STNOI	LE			GA		3053	38
	SECTI	ON D -	EMPI	LOYER 2	IDENT 23060		TION N	UMBE	R (EIN)					
	:	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	ot Eligi	ible to F	ile)	EMPL(OYER I	NO LON	NGER I	IN BUS	INESS		
SE	CTION			L CONT tity ID (ΓΙΟΝ (i	f applic	able)					
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
□ ves (S (Headquarters is Federal Contractor)														
_ IES (G (Headquarters is Federal Contractor)														
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							Race/E								
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	or L	atino			М	ale					Fen	nale			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	or	ces		an		Native Hawaiian or Other Pacific Islander	or	Two or More Races	
JOB CATEGORIES		4)		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	Rac	Row
	Male	Female	White	ck or Afric American	Asian	Iwa Iic I	l Po	ore	White	Black or an Amer	Asian	iwa fic I	Na Na	ore	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

Site is closed, please remove

PRIOR 2022 REPORTING YEAR TOTAL

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

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

2020 2011 20 1 211 1	Expiration Date: 11 SECTION A – TYPE OF REPORT													e: 11/30/	2026
				STABLI											
OFS COMPANY ID		SECT	TON B	8 – EMP	LOYE	R IDEN		ATION OYER N	AME						
0074272					INITED	NATIO				ACDAN	ICES				
					INTEN	INATIO				AGRAN					
ADDRESS								TY/TOW				STATE		ZIP CC	
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C - I	IEADQU	ARTE	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
NG27668							IFF	Palo A	lto						
HEADQUARTERS OR ESTABLISH!	MENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
925 & 975 Pa	ge Mill R	d					PA	ro ar.	TO			CA		9430	04
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)			•		
		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligib											NGER I	IN BUS	INESS		
Si	ECTION	F – FEI	DERAI	L CONT tity ID (TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
VEC (Single Establish	mont Emm							tobliche	ont Em	nlover ic	Endore	1 Contro	otor)		
☐ 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)														
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541714				VORKE						technolo	ogy)				
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	or La	atino			М	ale				1	Fen	nale	1		
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				⊆		Native Hawaiian or Other Pacific Islander	o	Two or More Races		Ę		Native Hawaiian or Other Pacific Islander	o a	Two or More Races	
JOB CATEGORIES				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 or Alaska Native	Ra	Row
002 0111 20011120	<u>o</u>	Female	ite	ck or Afrio American	a	ic l	Ind Na	re	ite	Black or	ä	vai ic l	Ind Na	ē	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	11	0	1	0	0	2	0 11	1	0 4	0	0	0	2 31
Professionals	5	4	39	1	17	0	0	1	26	1	34	0	0	0	128
Technicians	1	0	3	0	2	1	0	0	1	0	0	0	0	0	8
Sales Workers	0	0	0	0	1	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	4 0
Operatives	8	3	7	2	7	0	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 2023 REPORTING YEAR TOTA	L 15	9	61	3	29	1	0	5	40	3	42	0	0	3	211
PRIOR 2022 REPORTING YEAR TOTA	_ 15	7	64	2	25	1	0	4	40	2	40	0	0	4	204

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

2020 EMI EO TERT	11 014.1		. ,	(LLO	1 001/1	1 0112	.,				Expir	ation Dat	e: 11/30/	2026
				TION A STABLI											
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
0074272					INTER	RNATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATI	TAN			NY		1001	19
SECTION C - I	HEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (i: Γ-LEVEL	f applica	able)			
NG27778					HEADQ	VUARTE		Thoms		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
10994 Three	Mile Rd						TH	HOMSO	N			IL		6128	35
	SECTI	ON D -	- EMPI	LOYER	IDENT 431052		TION N	UMBE	R (EIN)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER 1	IN BUS	INESS		
S	ECTION	F – FEI Uni	DERAI ique En	L CONT tity ID (TRACT <u>UEI)</u> :	OR DE: Not App	SIGNA' olicable	TION (if applic	able)					
☐ YES (Single-Establish	ment Emp							tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	S (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														
				VORKE											
							Race/E								
		oanic atino			М	ale	Not	Hispan	ic or L	atino.	Fer	nale			
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JOB CATEGORIES		Φ		frican an		aiian or Islander	dian or ative	Races		or erican		aiian or Islander	dian or ative	Races	Row Total
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
				_		ž	Ā	1		•		žō	Ā	1	
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	0	0	0	0	0	1	0	0	0	0	0	8
Professionals Tachnicians	0	0	4	0	0	0	0	0	0	0	0	0	0	0	3 4
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	2	0	26	0	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 2023 REPORTING YEAR TOTA	L 2	0	46	0	0	0	0	0	4	0	0	0	0	0	52
PRIOR 2022 REPORTING YEAR TOTA	L 2	0	58	0	0	0	0	0	5	0	0	0	0	0	65

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

												Expii	ation Dat	c. 11/50/	2020
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521 W 57								NHATT				NY		1001	19
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB						ΓΙΟΝ (it Γ-LEVEL		able)			
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HEADQUARTERS OR ESTABLISHM		/EL ADI	DRESS					TY/TOW				STATE		ZIP CC	
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	YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
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	Hier	anic						Hispan	<u> </u>	atino					
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IOD CATECODIES				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	o.	<u>e</u>	g)	ck or Afrio American	_	aii S Is	ndi lati	ė.	gy.	or ner	_	aii S Is	ndi. Iati	e F	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 Professionals	0	1	8 19	0	0	0	0	0	4 8	0	1	0	0	0	14 29
Technicians	1	1	4	1	1	0	0	0	8	2	1	0	0	0	19
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	5	1	0	0	0	0	0	0	0	0	0	0	<u>3</u>
Operatives	0	0	25	9	1	0	0	1	0	1	0	0	0	0	37
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	_ 1	3	62	14	2	0	0	1	20	4	2	0	0	0	109
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	4	71	15	3	0	0	1	21	5	2	0	0	0	122

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

				`								Expir	ation Dat	e: 11/30/	2026
				TION A							•				
			E:	STABLI	SHME	NT REF	ORT								
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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 -	HEADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
KH74510						IF	F Tast	ePoint (Corona	l					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
790 E Hams	an Street						C	ORON	Α			CA		9287	7 9
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)	I .		<u> </u>		
	;	SECTION	ON E -	EMPL	223060 OYER		ELIGI	BILITY	Y						
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☐ YES	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) VES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	SECTION G - NAICS INFORMATION														
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	SE	CTION	N H – V	VORKF	ORCE										1
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JOB CATEGORIES		a)		Black or African American	_	ajja Isle	nerican Indian Alaska Native	8	_	or eric	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Š.	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	5	0	1	2	0	0	0	0	1	0	2	0	0	0	11
Professionals	1	1	1	0	0	0	0	0	0	0	1	0	0	0	4
Technicians	1	0	0	1	0	0	0	0	1	0	0	1	0	0	4
Sales Workers	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	12	2	1	0	1	0	0	0	1	0	0	0	0	0	17
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 23	6	3	3	1	0	0	1	4	0	3	1	0	0	45
PRIOR 2022 REPORTING YEAR TOTA	L 25	7	3	3	1	0	0	1	5	0	2	1	0	0	48

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

2023 EWII EOTEKTI	II OKWI	AHO	N KE	OKI (Expir	ation Dat	e: 11/30/	2026						
				TION A											
		OF CI						TION							
OFS COMPANY ID		SECI	IONE	B – EMP	LUYE	K IDEN		OYER N	AMF						
0074272					INTER	NATIO				AGRAN	ICES				
										.,					
ADDRESS								TY/TOW				STATE		ZIP CC	
521 W 571	'H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADQU	JARTEI	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
AG99085							IFF	Carrollt	on						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1620 West Crosb	v. Suite	102					CAF	ROLL	TON			TX		7500	06
	•		EMP	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	· EMPL	131432 OYER		ELIGI	BILITY	Ÿ						
X YES (Employer Is Eligib										NO LOI	NGER I	IN BUS	INESS		
	CTION														
SE SE	CHON			tity ID (11011 (паррис	aoic)					
VFS (Single-Establish	ablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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☐ YES (CS (Headquarters is Federal Contractor)														
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		S	ECTIO	N G - N	NAICS	INFOR	MATIO	N							
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	or La	atino			M	ale	1			1	Fen	nale	1		
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JOB CATEGORIES		40		اء ت		iiai sla	dia	Ra		ric		iiai sla	dia	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	6	1	2	1	1	0	0	0	5	2	0	0	0	0	18
Professionals	0	3	2	0	0	0	0	1	7	1	4	0	0	0	18
Technicians	4	2	0	2	2	0	0	0	0	2	1	0	0	0	13
Sales Workers	4	0	1	2	0	0	0	0	0	3	1	2	0	0	1 14
Administrative Support Workers Craft Workers	1	0	0	3	0	0	0	0	0	0	0	0	0	0	4
Operatives	51	0	2	8	0	0	0	0	0	0	0	0	0	0	61
Laborers and Helpers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	67	6	8	17	3	0	0	1	13	8	6	2	0	0	131
DDIOD 2022 DEDODTING VEAD TOTAL	53	6	g.	16	4	0	0	1	12	7	1	1	0	0	113

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

2023 EWII EOTEKT	VI OKWI	AHO	IN INE	OKI (EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 11/30/	2026	
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0074272					INTER	NATIO				AGRAN	ICES					
ADDRESS								TY/TOW				STATE		ZIP CC	NDE.	
	TUCT															
521 W 57								NHATT				NY		1001	19	
SECTION C -	<u>IEADQU</u>	JARTE	RS OR									ıble)				
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0074283							FF Sou									
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☐ YES (Single-Establish	ment Employer is Federal Contractor)															
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	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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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	<u>e</u>	Q)	ck or Afric American	_	/aii	ndi Iati	e F	Q.	or	_	/aii	ndi Iati	e F	Total	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 5	0 4	30	1	3	0	0	0	28	1	1	0	0	0	2 73	
Professionals	4	2	31	0	6	1	0	0	50	5	14	0	0	1	114	
Technicians	2	1	7	2	0	0	0	0	6	2	1	0	0	1	22	
Sales Workers	2	1	2	0	0	0	0	0	9	1	2	0	0	0	17	
Administrative Support Workers	3	8	7	1	0	0	0	1	30	1	2	0	0	0	53	
Craft Workers	14	2	6 78	3 37	3	0	2	1	0	1	0	0	0	0	13 138	
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA		18	162	44	12	1	2	2	124	11	20	0	0	2	432	
COMMENT AND THE TOTAL			.02				_								.02	
PRIOR 2022 REPORTING YEAR TOTA	L 35	19	182	36	18	1	2	2	138	11	22	1	0	2	469	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/31/2023

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

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

2023 EMI LOTEKT	-													e: 11/30/	2026
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		SECT	ION 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	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C - 1	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE				Γ-LEVEL	NAME				
P032034								azlet - F							
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
650 State F								HAZLE				NJ		0773	30
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X YES (Employer Is Eligib				EMPLO Oyer Is N						NO LOI	NGER I	N BUS	INESS		
	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'								
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☐ YES (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)														
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JOB CATEGORIES				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
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Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	4	2	14	1	1	0	0	1	6	1	0	0	0	0	30
Professionals	0	0	12	0	2	0	0	0	10	0	2	1	0	0	27
Technicians	0	2	2	0	0	0	0	0	3	1	2	0	0	0	10
Sales Workers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Administrative Support Workers Craft Workers	1	6	7	0	0	0	0	0	23 0	0	0	0	0	0	41
Operatives	1 14	0	45	0 11	2	0	0	4	1	0	0	0	0	0	77
Laborers and Helpers	14	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	1	1	0	1	0	0	0	0	0	0	0	0	3
CURRENT 2023 REPORTING YEAR TOTA		10	84	14	8	1	0	5	44	3	6	1	0	0	197
PRIOR 2022 REPORTING YEAR TOTA	L 19	13	98	11	6	1	0	4	51	4	10	1	0	0	218

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

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

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

224

				`								Expir	ation Dat	e: 11/30/	2026
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			E	STABLI	SHME	NT REP	PORT								
T		SECT	'ION 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 CO	DE
521 W 57T	H ST						MA	NHATT	AN			NY		1001	9
SECTION C – H		ADTE	DC OD	ECTAD	I ICUN	TENT I				TION (i	fannliae	hla)			_
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HEADQUARTERS OR ESTABLISHM		EL ADE	DEGG					TY/TOW	•			STATE	-	ZIP CO	DE
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1000 41st Ave	e Dr Sw						CED	AR RAI	PIDS			IA		5240)4
	SECTI	ON D -	EMPI		IDENT 61362	TIFICAT 385	TION N	UMBE	R (EIN)					
	;	SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to Fi	ile)	EMPL(OYER I	NO LON	NGER I	IN BUS	INESS		
	CTION														
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JOB CATEGORIES				Black or African American		ian slaı	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
JOB ON LOOKIES	ø	Female	te	Afr	Ę	vai c Is	Ind Nat	re	te	Black or an Amer	Ę.	kai C Is	Ind	ē	Total
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	_	Ľ.	>	ck or Afric American	⋖	e F Pa	rica	or I	>	Big	٧	Pa	rica Ask	or I	
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				ш		N 된	Ā	Ě		⋖		울	Ā	≥	
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	1	0	18	0	1	0	0	0	3	0	0	0	0	0	23
Professionals Technicians	0	0	30 7	0	0	0	0	0	13 8	0	0	0	0	0	48 15
Sales Workers	1	0	19	0	1	0	0	0	6	1	1	0	0	0	29
Administrative Support Workers	0	0	6	0	0	0	0	0	3	0	0	0	0	0	9
Craft Workers	0	0	14	0	0	0	0	0	0	0	0	0	0	0	14
Operatives	0	0	68	0	0	1	0	0	1	0	0	0	0	0	70
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	1	162	0	4	1	0	0	35	1	1	0	0	0	209
CONNENT 2023 REPORTING TEAR TOTAL	4	1	102	U	+	1	U	V	JÜ	'	- 1	U	U	U	208

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

No Comments Provided

PRIOR 2022 REPORTING YEAR TOTAL

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

2023 EMI LOTEKTIV	I OKWI	ATIO	N KEI	OKI (Expir	ation Dat	e: 11/30/	2026						
			SECT	TON A	– TYPI	E OF RI	EPORT				•				
			E	STABLI	SHME	NT REF	ORT								
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CO	DE
521 W 57T	H ST						MA	NHATI	TAN			NY		1001	9
SECTION C - H	FADOL	ADTE	DC OD	ECTAD	T ICHA	TENT I	EVEL	IDENT	TEICA	TION (i	f annlias	hla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	NO OK							Γ-LEVEL		ibie)			
A028742						•	FF Tas								
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CO	DE
10801 Decai	ure Rd						PHIL	ADELI	PHIA			PA		1915	54
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	061713 OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligibl										NO LON	NGER I	N BUSI	INESS		
	CTION														
SE.	CHOI			tity ID (11011 (паррпс	uoic)					
VFS (Single-Establish	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
_ ` `	Shment Employer is Federal Contractor)														
☐ YES (
	YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
	CE			Spice a					ТА						
	J	CHON	(11 – V	VOKKI	OKCE		Race/E								
	Hien	anic							ic or L	atino					
		atino			М	ale	1401	Пэраг		atino	Fen	nale			
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		Φ	4	fric	_	ajia Isl	dia	S.		or eri	_	aiia Isl	dia	ď	Total
	Male	Female	White	ck or Afric American	Asian	lic %	ΞŽ	ore	White	Black or	Asian	lic M	ΞŽ	O.E	- Ottai
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						∠ 8	4	-				∠ 8	4	-	
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	11	2	1	0	0	0	4	0	0	0	0	0	19
Professionals	0	0	6	0	0	0	0	0	7	1	0	0	0	1	15
Technicians	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
Sales Workers Administrative Support Workers	1	0	3	0	0	0	0	0	0 14	1	1	0	0	0	20
Craft Workers	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Operatives	7	0	23	16	8	0	1	1	2	4	0	0	0	0	62
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 2023 REPORTING YEAR TOTAL	9	0	51	25	10	0	1	1	27	6	1	0	0	1	132
DRIOD 2022 DEDODTING VEAR TOTAL	0	0	58	28	10	0	0	1	37	6	1	0	0	1	151

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/31/2023

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

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

2023 EMI LOTEKTI	SECTION A – TYPE OF REPORT													e: 11/30/	2026
											•				
				STABLI											
OES COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		TION OYER N	AME						
OFS COMPANY ID					INITED	NATIO				AGRAN	ICEC				
0074272					INTER	INATIO	NAL FL	AVUR	5 & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
521 W 57T	H ST						MA	NHATT	TAN			NY		1001	19
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
KH74565							IFF W	est Che	ester						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
5404 Duff	Drive						CIN	CINN	ATI			ОН		4524	16
	SECTI	ON D -	EMPI	LOYER	IDENT 223060		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligibl										NO LOI	NGER I	N BUS	INESS		
	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 (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														
	24	S.	ECTIO	ON G - N ng Syru	NAICS	INFOR	MATIO	N							
				VORKF											
							Race/E								
	Hisp	anic						Hispan		atino					
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						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		ian	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	o o	Female	ā	ck or Afric American	⊑	vaii	nd Vat	ē	9	Black or	⊆	vaii	nd Vat	ē	Total
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				ш		울동	Ā	≥		⋖		I SE	Ā	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	1	1	0	0	0	0	0	5
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	4	1	0	0	0	1	2	0	0	0	0	0	9
DRIOR 2022 REPORTING VEAR TOTAL	0	2	16	1	0	0	0	1	12	1	0	0	0	0	36

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS}\,\,(optional)\\ {\bf Name\,\,Change\,\,from\,\,IFF\,\,Cincinnati\,\,to\,\,IFF\,\,West\,\,Chester}$

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

OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 11/30/	2026
						E OF RI									
		CECT				NT REP		TION							
OFS COMPANY ID		SECI	ION B	– EMP	LOYE	R IDEN		OYER N	ΔME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C - 1	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
NG27646						IF	F New		•	ıt					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CO	
201 New Centu								/ CENT				KS		6603	31
	SECTI	ON D -	EMPI		IDENT 131052	TIFICA' 363	TION N	UMBE	R (EIN)					
		SECTIO	ON E –			FILING	ELIG	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
S	ECTION							TION (i	if applic	able)					
□ v πg (g: 1 E : 1:1	. 15					Not App			. 15	, .		1.0			
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)															
☐ 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															
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino	_				
	or L	atino			М	ale					Fen	nale			
						zer Je	_	S		_		or der	ō	S	
IOD OATEOORIEO				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	an c	Two or More Races	Row
JOB CATEGORIES	ø	<u>e</u>	<u>a</u>	ck or Afric American	⊑	vaii c Isl	nerican Indian Alaska Native	e R	ē	or	⊆	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	ē R	Total
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						2 8	٩	-		,		2 8	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	0	6	0	0	0	0	0	3	0	0	0	0	0	10
Professionals Technicians	0	0	4	0	0	0	0	0	3	0	0	0	0	0	11 6
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	0	0	0	0	0	0	3
Craft Workers	2	0	10	2	1	0	0	0	0	0	0	0	0	0	15
Operatives	16	3	39	8	5	0	1	0	4	0	1	0	0	0	77
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		3	0 66	11	7	0	1	0	0 11	0	0	0	0	0	0 122
PRIOR 2022 REPORTING YEAR TOTA	21	3	67	10	8	0	1	1	14	1	2	0	1	0	129
		CECTIO	ATT '	WODE	EODCI	CNAD	CHAT	DEDIA	1						

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

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

2020 2011 20 1 211 1	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				STABLI											
OFG COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN			(A.) (F)						
OFS COMPANY ID					INITED	NATIO		OYER N		A C D A A	ICEC				
0074272					INTER	NATIO				AGRAN	NCES				
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
521 W 57	TH ST						MA	NHATT	TAN			NY		1001	19
SECTION C - I	IEADOU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTE						,			
NG27582							IFF	Institu	te						
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	DRESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
WV-2							IN	STITU	TE			WV		2511	12
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -	· EMPL	331195 OVER		FLIGI	BILITY	v						
X YES (Employer Is Eligib										NO LO	NGER I	IN BUS	INESS		
Si	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (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) SECTION G − NAICS INFORMATION															
	325	199 - A	All Othe	er Basic	Organ	ic Cher	nical M	anufact	turing						
	SE	CTION	N H – V	VORKF	ORCE										
							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale	ı			1	Fer	nale	1	1	
												. 5			
				⊊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		ian Slaı	iar	Ra		Black or African American		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
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				ш		울	₹	_≥		⋖		울	Ā	≥	
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	5 12	3	0	0	0	0	1 4	0	0	0	0	0	6 19
Technicians	0	0	2	1	0	0	0	0	0	2	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	2	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	19	0	0	0	0	0	0	0	0	0	0	0	19
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	_ 0	0	45	4	0	0	0	0	7	2	0	0	0	0	58
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	45	4	0	0	0	0	10	0	0	0	0	0	59

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

2023 EMI LOTERT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
						E OF RI					•				
		SECT	ION F	R – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDE.		OYER N	AME						
0074272					INTER	RNATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOV	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATI	AN			NY		1001	19
SECTION C -	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE				Γ-LEVEL	NAME				
NG27767	COVER V EV	TEX ADD	DEGG					erre Ha				OT A TEXT		7TD 00	
HEADQUARTERS OR ESTABLISH 11 West Lit		EL ADL	DRESS					TY/TOV RE HA				STATE		ZIP CO	
TT West Li		ON D -	EMPI	LOYER	IDEN	ΓΙFICA')		IIN		4/00)2
				1	161362										
X YES (Employer Is Eligib										NO LO	NGER I	IN BUS	INESS		
S															
VFS (Single-Establish	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	G (Headquarters is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor)														
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				<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	sec		a.		Native Hawaiian or Other Pacific Islander	ō	ses	
JOB CATEGORIES		•		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
	Male	Female	White	ck or Afric American	Asian	icl	Inc	ore	White	Black or	Asian	icl	Inc	ore	Total
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				В		Nat	An'	×		Ą		Nat	An'	Ě	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 5	1	0	0	0	0	2	0	0	0	0	0	0 8
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	1	0	0	0	0	0	4	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	2	0	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	36	2	0	0	0	1	0	0	0	0	0	0	39
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	55	3	0	0	0	1	11	0	0	0	0	0	70
DDIOD 2022 DEPORTING VEAS TOTA	_	0	40	E	0	0	0	0	12	0	0	C	0	0	67
PRIOR 2022 REPORTING YEAR TOTA	L 0	U	49	5	ľ	U	0	U	13	U	0	0	U	U	67

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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: 11/30/	2026
						E OF RI									
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OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	NCES				
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SECTION C - I	IEADOL	IARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
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VEC (Single Establish	mont Emr							tablichn	ont Em	nlover is	Endore	1 Contro	otor)		
<del>-</del> · · ·	☐ 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															
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	2	0	0	0	1	0	0	0	0	0	0 6
Professionals	0	0	7	1	1	0	0	0	1	2	0	0	0	0	12
Technicians	1	0	1	0	0	0	0	0	2	2	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 Craft Workers	0	0	7	2	0	0	0	1	0	0	0	0	0	0	3 10
Operatives	0	0	9	2	0	0	1	1	0	0	0	0	0	0	13
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	_ 1	0	27	5	3	0	1	2	7	4	0	0	0	0	50
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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: 11/30/	2026
			SECT	TON A	- TYPI	E OF RI	EPORT								
			E\$	STABLI	SHME	NT REF	ORT								
		SECT	TON B	– ЕМР	LOYE	R IDEN	TIFICA	TION							
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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															
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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	14	0	2	0	0	1	6	0	1	1	0	1	30
Professionals	0	0	5	1	0	0	0	2	2	0	3	0	0	1	14
Technicians	2	2	2	1	2	0	0	1	6	1	4	0	0	0	21
Sales Workers Administrative Support Workers	0	1	3	0	1	0	0	0	5 6	0	1	0	0	0	8 12
Craft Workers	0	0	4	1	0	0	0	0	1	0	0	0	0	0	6
Operatives	9	4	28	4	21	1	0	2	6	2	16	0	0	0	93
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	2	4	2	0	2	1	0	0	0	0	1	0	0	0	12
CURRENT 2023 REPORTING YEAR TOTAL	14	15	59	7	28	2	0	6	32	3	26	1	0	3	196
DRIOD 2022 DEPORTING VEAR TOTAL	22	18	52	9	22	3	1	6	29	1	20	1	0	3	200
PRIOR 2022 REPORTING YEAR TOTAL			53	-	32 EOD CI	5 E CNAD				'	29		U	3	208

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

OMB Control Number: 3046-0049

												Expii	ration Dat	e: 11/30/	2026
			SECT	TION A	– TYPI	E OF RI	EPORT								
			E\$	STABLI	SHME	NT REF	ORT								
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
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0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
521 W 571	'H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	BLISHN	AENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	able)			
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		CE CEL	) NI E		431448		ELICI	DIL ITS	17						
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	CTION														
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<ul> <li>☐ YES (Headquarters is Federal Contractor)</li> <li>☐ YES (Non-Headquarters Establishment 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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
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							Race/E								
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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	4	0	0	0	0	2	3	0	0	0	0	19
Professionals	0	1	10	6	0	0	0	1	4	4	0	0	0	0	26
Technicians	1	0	6	10	0	0	0	0	1	18	1	0	0	0	37
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	2	5	0	0	0	0	9
Craft Workers	1	0	13	7	0	0	0	0	1	0	0	0	0	0	22
Operatives Laborers and Helpers	5 0	0	18 0	121 0	0	0	0	0	0	33 0	0	0	0	0	184 0
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL		1	58	150	1	0	1	1	14	63	1	0	0	1	298
PRIOR 2022 REPORTING YEAR TOTAL		1	71	134	0	0	2	2	12	44	0	0	0	1	276
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

OMB Control Number: 3046-0049

												Expii	ation Dat	e: 11/30/	2026
			SECT	TON A	- TYPI	E OF RI	EPORT								
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		SECT	TON B	– EMP	LOYE	R IDEN	TIFICA	TION							
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0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
521 W 57T	'H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADOL	ARTEI	RSOR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA	FION (it	f annlica	ible)	l l		
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	SECTI	ON D -	EMPI		IDENT 131448	CIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
~						Not App				,					
☐ <b>YES</b> (Single-Establish	nent Emr	olover 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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  325998 - All Other Miscellaneous Chemical Product and Preparation Manufacturing															
325998										nufactu	ring				
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Professionals	2	2	14	1	0	0	0	2	5	0	0	0	0	1	27
Technicians	0	1	8	0	0	0	0	0	8	0	0	0	0	0	17
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	9	0	0	0	0	0	12
Craft Workers	0	0	22	0	0	0	6	2	1	0	0	0	0	0	31
Operatives	1	0	57	0	2	2	27	8	7	0	0	0	5	0	109
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		3	112	1	3	2	34	12	32	0	1	0	5	1	209
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PRIOR 2022 REPORTING YEAR TOTAL	2	3	124	1	2	3	36	13	32	0	1	0	6	0	223
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

2023 EWI LOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N							
0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE
521 W 57	TH ST						MA	NHATI	AN			NY		1001	19
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		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
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 (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer 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  561110 - Office Administrative Services															
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JOB CATEGORIES		<u>e</u>	ø	Black or African American	u	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	ø	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	5	0	0	0	0	0	11	0	0	0	0	0	16
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1 11	0	0	0	0	0	0 5	0	0	0	0	0	1 17
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 1	0	20	0	0	0	0	0	18	0	0	0	0	0	39
PRIOR 2022 REPORTING YEAR TOTA	<u>L</u> 1	0	21	1	0	0	0	0	21	1	0	0	0	0	45

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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: 11/30/	2026
						E OF RI									
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OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
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ADDRESS								TY/TOW				STATE		ZIP CC	
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SECTION C - H	<u>IEADQU</u>	JARTE	RS OR									able)			
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HEADQUARTERS OR ESTABLISHM		/EL ADI	DRESS					TY/TOW				STATE		ZIP CC	
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SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		<u>Un</u>	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	ent Em	ployer is	s Federa	l Contra	ctor)		
□YES	Headaua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
☐ 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															
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	SF	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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		oanic				-1-	Not	Hispan	ic or L	atino	F				
	or La	atino		1	IVI	ale					Fen	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 Islander	ın or	Two or More Races	Row
JOB CATEGORIES		<u>o</u>		Black or African American	_	ajja Isla	nerican Indian Alaska Native	8	•	or	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	1	0 8	2	0	0	0	0	0 4	0	0	0	0	0	0 15
Professionals	0	1	15	0	0	0	0	0	5	1	1	0	0	0	23
Technicians	0	1	5	1	2	0	0	0	1	2	0	0	0	0	12
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	10	0	0	0	0	0	0	0	0	0	0	0	3 11
Operatives	2	0	26	14	0	0	0	1	1	4	0	0	0	0	48
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	_ 2	3	0 66	17	2	1	0	1	0 12	8	1	0	0	0	113
CURRENT 2023 REPORTING YEAR TOTAL	·   ⁴	3	00	17	2		U	<u>'</u>	12	ō		U	U	U	113
PRIOR 2022 REPORTING YEAR TOTAL	_ 1	0	65	16	3	0	0	2	11	8	1	0	0	0	107
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

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

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				TION A											
				STABLI											
OFS COMPANY ID		SECT	TION E	3 – EMP	LOYE	R IDEN		ATION OYER N	AME						
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SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	<u>HEADQU</u>	JARTE	RS OR							<b>ΓΙΟΝ</b> (1: Γ-LEVEL		able)			
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		SECTIO	ON E -	- EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligi	ble to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
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☐ YES (Single-Establish	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 (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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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 14	0	2	0	0	0	5	1	0	0	0	0	0 22
Professionals	2	1	25	1	1	0	0	0	24	1	7	0	0	0	62
Technicians	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	9	0	0	0	0	0	13 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	AL 4	1	45	1	3	0	0	0	44	2	7	0	0	0	107
PRIOR 2022 REPORTING YEAR TOTA	AL 4	1	51	1	5	0	0	0	48	4	6	0	0	0	120

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

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		SECTION	ON E -	-EMPL	OYER	FILING	ELIGI	BILIT	Y						
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S	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (	if applic	able)					
~				ntity ID (											
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
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)															
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		325611	1 - Soa	ap and C	Other D	eterger	nt Manu	facturir	ng						
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	or La	atino		T	N	lale	T			1	Fer	nale	1		
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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	0	0	3	0	2	0	0	0	6	0	0	0	0	0	11
Professionals Technicians	0	3	8	0	0	0	0	0	20 0	0	5	0	0	0	39 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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		3	12	0	4	0	0	0	28	1	5	0	0	0	53
COMMENT 2020 RELONTING TEAR TOTAL	-	, J	12	<u> </u>			, J	, , , , , , , , , , , , , , , , , , ,	20		J	<u> </u>	, , ,	J	
PRIOR 2022 REPORTING YEAR TOTA	L 0	4	13	0	4	0	0	0	27	0	4	0	0	0	52
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/31/2023

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

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

2023 EMI LOTEKTI	(FOKWI	AHO	N KE	OKI (.	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
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0074272					INITED	NATIO				AGRAN	ICES				
					INTEN	NATIO				AOIAN					
ADDRESS								TY/TOW				STATE		ZIP CO	
521 W 57T	H ST						MA	NHATT	AN			NY		1001	19
SECTION C - H	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
1000 American Sup	erior Bou	ulevard					WINT	TER HA	VEN			FL		3388	30
<u> </u>	SECTI	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 131432060													
	SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
VFC (Single Establish	nent Emr		_					tablichm	ant Em	nlover ic	Fadara	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 (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
SECTION G – NAICS INFORMATION 311225 - Fats and Oils Refining and Blending SECTION H – WORKFORCE DEMOGRAPHIC DATA															
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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	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals Table in inches	2	0	1	0	0	0	0	0	2	0	0	0	0	0	5
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	1	0	0	0	0	1	0	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 2023 REPORTING YEAR TOTAL	. 5	2	6	0	0	0	0	1	3	0	0	0	0	0	17
DRIOR 2022 REPORTING VEAR TOTAL	5	2	5	4	0	0	0	1	4	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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

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

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

Expiration Da													e: 11/30/	2026	
SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT															
			E:	STABLI	SHME	NT REF	ORT								
		SECT	ION E	<b>B – EMP</b>	LOYE	R IDEN	TIFICA	TION							
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0074272					INTER	NATIO	NAL FL	AVOR	S & FR	AGRAN	ICES				
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300 Great La	kes Pkwy	/					BE	LLEV	JE			ОН		4481	1
	SECTI	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 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															
SECTION G – NAICS INFORMATION 493110 - General Warehousing and Storage SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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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	Q.	\fri can	L	aii	ndi Iati	ē	ø	o Jer	_	aii	ndi Iati	e F	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	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 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
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 1	0	2	0	0	0	0	0	4	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTA	L 1	0	2	0	0	0	0	0	4	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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

	Expiration Date: 11/30/2026														
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ADDRESS	,							TY/TOW				STATE		ZIP CC	IDE .
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521 W 57								NHATT						1001	19
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	HEADO	IENT-L	EVEL.	IDENT	HICA'	ΓΙΟΝ (11 Γ-LEVEL	f applica	able)			
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	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	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): 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															
325199 - All Other Basic Organic Chemical Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	SE	CTION	N H – V	VORKF	ORCE										ı
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Executive/Senior Level Officials and Managers	0 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	9	0	0	0	0	0	6	0	0	0	0	0	12 19
Technicians	0	2	0	0	0	0	0	0	2	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	9	0	0	0	0	0	4 0	0	0	0	0	0	7
Craft Workers Operatives	2	0	21	0	0	0	0	0	3	0	0	0	0	0	27
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	AL 3	2	54	1	0	0	0	0	17	0	1	0	0	0	78
PRIOR 2022 REPORTING YEAR TOTAL	AL 3	0	59	2	0	0	0	1	21	0	1	0	0	0	87

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

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0074272					INITED	NATIO				AGRAN	ICES				
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413 Cressy	Avenue						RE	MINGT	ON			IN		4797	77
	SECTI	ECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 431448205 CECTION E END OVER BY DIG ELIGIBLIEN													
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligib	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) <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)															
☐ 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 – WORKFORCE DEMOGRAPHIC DATA															
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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	S.		or eri	_	aiia Isl	nerican Indian Alaska Native	2	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	7	0	0	0	0	0	0	0	0	0	0	0	7
Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	3	0	23	0	0	0	0	0	3	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	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 3	0	42	0	0	0	0	0	8	0	0	0	0	0	53
DDIOD 2022 DEDODTING VEAD TOTAL	3	0	45	0	0	0	0	0	10	0	0	0	0	0	58

SECTION I – WORKFORCE SNAPSHOT PERIOD 12012023 - 12312023

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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900 Wheel	er Way						LAN	NGHOF	RNE			PA		1904	17
	SECTI	ECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 061713185													
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)														
31	Unique Entity ID (UEI): 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)															
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SECTION G - NAICS INFORMATION 493110 - General Warehousing and Storage															
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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	0	0	0	0	0	0	2
Professionals	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	2	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	3	0	0	0	0	1	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 2023 REPORTING YEAR TOTAL	_ 0	0	6	3	0	0	0	0	1	0	0	0	0	0	10
PRIOR 2022 REPORTING VEAR TOTAL	0	Ω	0	0	n	0	0	0	0	0	n	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/31/2023

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

New warehouse for distribution

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number 2046 0040

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

				`								Expir	ation Dat	e: 11/30/	2026	
				TION A												
			E:	STABLI	SHME	NT REF	ORT									
SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME																
OFS COMPANY ID							EMPL	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	
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HEADQUARTERS OR ESTABLISH																
200 Powder	Mill Rd															
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
		161362385 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)																
31	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)																
☐ 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  541714 - Research and Development in Biotechnology (except Nanobiotechnology)  SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	у							
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	or La	atino			М	ale					Fen	nale				
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Executive/Senior Level Officials and Managers	1	0	9	1	0	0	0	0	6	0	1	0	0	0	18	
First/Mid-Level Officials and Managers	2	5	27	1	6	0	0	0	20	1	2	0	0	0	64	
Professionals	7	5	91	6	25	0	0	1	89	8	30	0	0	0	262	
Technicians	0	0	4	1	0	0	0	0	2	1	0	0	0	0	8	
Sales Workers	0	0	5	0	0	0	0	0	7	0	6	0	0	0	18	
Administrative Support Workers Craft Workers	0	0	3 0	0	0	0	0	0	14 0	0	0	0	0	0	24 0	
Operatives	0	0	4	0	0	0	0	0	9	0	0	0	0	0	13	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA	L 10	11	143	10	31	0	0	1	147	14	39	0	0	1	407	
DRIOR 2022 REPORTING VEAR TOTAL	12	13	152	13	26	0	0	1	132	15	3/1	0	0	1	410	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12012023 - 12312023

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

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

OMB Control Number: 3046-0049

Expiration Date: 11/30/202 SECTION A – TYPE OF REPORT														2026	
SECTION A – TYPE OF REPORT  ESTABLISHMENT REPORT  SECTION B – EMPLOYER IDENTIFICATION															
		CECT						TION							
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	K IDEN		OYER N	AME						
0074272					INTER	NATIO				AGRAN	ICES				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
521 W 57	TH ST						MA	NHATT	AN			NY		1001	19
SECTION C -	HEADQU	JARTEI	RS OR	<b>ESTAB</b>	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
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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															
Unique Entity ID (UEI): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) Tyes (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															
311930 - Flavoring Syrup and Concentrate Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA															
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
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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	8	0	0	0	0	0	11	1	1	0	0	1	23
Professionals Technicians	0	0	17 5	0	0	0	0	0	19	1	0	0	0	0	41 9
Sales Workers	0	0	1	0	0	0	0	0	5	0	0	0	0	0	6
Administrative Support Workers	0	1	1	0	0	0	0	0	6	1	0	0	0	0	9
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	1	6	10	5	0	0	0	0	0	0	0	0	0	23
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		3	39	11	7	0	0	0	43	4	4	0	0	1	113
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PRIOR 2022 REPORTING YEAR TOTAL	L 1	4	51	11	8	0	0	0	49	3	5	0	0	1	133
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12/1/2023 - 12/31/2023

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

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

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

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SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	AKTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		ible)			
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		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														
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☐ <b>YES</b> (Single-Establish	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)															
SECTION G - NAICS INFORMATION															
541715 - Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and Biotechnology)  SECTION H – WORKFORCE DEMOGRAPHIC DATA															
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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 11	0	0	0	0	0	0 31
Professionals	4	3	30	3	3	0	0	0	26	3	5	0	0	0	77
Technicians	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	2	1	13	0	0	0	0	0	18	0	0	0	0	0	34
Administrative Support Workers	0	3	8	0	0	0	0	0	21	0	0	1	0	1	34
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	<b>L</b> 10	7	72	4	4	0	0	0	77	3	5	1	0	1	184
PRIOR 2022 REPORTING YEAR TOTA	L 8	6	74	3	5	0	0	0	76	3	5	1	0	1	182

SECTION I – WORKFORCE SNAPSHOT PERIOD

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