U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME		
T016172	GILEAD SCIENCES INC.		
ADDRESS	**CITY/TOWN**	**STATE**	**ZIP CODE**
333 LAKESIDE DR	FOSTER CITY	CA	94404

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

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

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
943047598

SECTION E – EMPLOYER FILING ELIGIBILITY
☒ **YES** (Employer Is Eligible to File) ☐ **NO** (Employer Is Not Eligible to File) ☐ **EMPLOYER NO LONGER IN BUSINESS**

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): FPJMGUK1BYH8

☐ **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
325414 - Biological Product (except Diagnostic) Manufacturing

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	1	20	0	5	0	0	0	9	2	3	0	0	1	41
First/Mid-Level Officials and Managers	260	206	1378	177	1040	21	10	75	1318	239	1182	8	6	86	6006
Professionals	315	279	602	135	755	11	5	61	613	197	1094	13	3	74	4157
Technicians	39	19	12	6	13	0	0	3	3	3	9	0	0	2	109
Sales Workers	16	6	16	16	1	0	1	3	35	7	4	0	0	2	107
Administrative Support Workers	49	87	32	17	28	1	0	4	128	49	69	5	1	12	482
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	128	25	44	8	59	3	2	7	5	3	11	0	0	3	298
Laborers and Helpers	2	2	1	1	1	0	0	0	0	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	809	625	2105	360	1902	36	18	153	2111	500	2372	26	10	180	11207
PRIOR 2022 REPORTING YEAR TOTAL	772	599	2050	356	1767	37	17	144	2062	473	2226	27	8	169	10707

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/15/2023 - 12/31/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

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T016172	GILEAD SCIENCES INC.

ADDRESS	CITY/TOWN	STATE	ZIP CODE
333 LAKESIDE DR	FOSTER CITY	CA	94404

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

5/6/2024 11:22 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
Josimara Rossi	Director, HR Compliance and Inclusion
Email Address of Certifying Official	**Telephone Number of Certifying Official**
josi.rossi1@gilead.com	650-574-3000

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

Name of Primary POC	Title and Employer of Primary POC
Josimara Rossi	Director, HR Compliance and Inclusion Gilead Sciences Inc
Email Address of Primary POC	**Telephone Number of Primary POC**
josi.rossi1@gilead.com	650-574-3000