

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID T016172			EMPLOYER NAME GILEAD SCIENCES INC.												
ADDRESS 333 LAKESIDE DR					CITY/TOWN FOSTER CITY				STATE CA		ZIP CODE 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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): FPJMGUK1BYH8 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> 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	17	1	5	0	0	0	11	1	5	0	0	1	42
First/Mid-Level Officials and Managers	250	198	1333	161	1044	18	9	74	1326	231	1219	10	8	90	5971
Professionals	304	255	549	127	726	9	5	55	556	191	1029	9	1	63	3879
Technicians	38	20	13	7	12	0	0	3	3	3	8	0	0	2	109
Sales Workers	14	6	19	14	1	0	0	3	29	7	4	0	0	0	97
Administrative Support Workers	52	81	30	13	23	1	0	4	116	42	67	4	1	12	446
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	137	24	40	8	57	3	2	7	4	3	11	0	0	3	299
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 2024 REPORTING YEAR TOTAL	797	587	2002	332	1869	31	16	146	2045	478	2343	23	10	171	10850
PRIOR 2023 REPORTING YEAR TOTAL	809	625	2105	360	1902	36	18	153	2111	500	2372	26	10	180	11207
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)			EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026	
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID T016172		EMPLOYER NAME GILEAD SCIENCES INC.		
ADDRESS 333 LAKESIDE DR		CITY/TOWN FOSTER CITY	STATE CA	ZIP CODE 94404
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION				
6/4/2025 8:19 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Sherry Lee		Title of Certifying Official Associate Director, Global HR Compliance		
Email Address of Certifying Official sherry.lee36@gilead.com		Telephone Number of Certifying Official 650-372-7214		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Sherry Lee		Title and Employer of Primary POC Associate Director, Global HR Compliance Gilead Sciences Inc		
Email Address of Primary POC sherry.lee36@gilead.com		Telephone Number of Primary POC 650-372-7214		