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

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ADDRESS								TY/TOW				STATE		ZIP CO	
6101 Bollinger Canyo	n Road,	Suite 50	00				SA	N RAM	ON			CA		9458	33
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		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): UNAVAILABLE YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
Unique Entity ID (UEI): UNAVAILABLE															
☐ 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) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
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JOB CATEGORIES	-	<u>o</u>	ø.	Black or African American	_	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	Total
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Executive/Senior Level Officials and Managers	3	1	48	2	3	1	0	0	17	0	2	0	0	1	78
First/Mid-Level Officials and Managers Professionals	32 37	41 46	274 232	11 14	33 71	1	0	7 9	245 266	13 21	45 71	0	0	6 5	710 774
Technicians	25	25	51	6	12	0	0	2	46	7	13	2	2	2	193
Sales Workers	24	27	195	9	7	2	0	2	279	8	10	0	2	8	573
Administrative Support Workers Craft Workers	22 10	87 0	66 39	15 2	28 8	0	0	3 1	223 4	35 0	27 0	0	0	6 0	517 64
Operatives	44	138	213	45	86	2	2	6	193	32	121	3	2	4	891
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	_ 197	365	1118	104	248	8	4	30	1273	116	289	7	9	32	3800
PRIOR 2021 REPORTING YEAR TOTAL	_ 123	219	859	87	212	6	4	21	953	86	213	4	12	20	2819
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				12/16/2											

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc ADDRESS CITY/TOWN STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583

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 11/30/2023 12:20 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Title of Certifying Official

Sr. Director- Human Resources **Bennett Javier**

Name of Employer's Certifying Official

Email Address of Certifying Official	Telephone Number of Certifying Official
BJavier@coopervision.com	925-660-4491
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Bennett Javier	Sr. Director- Human Resources
	Cooper Companies Inc.
Email Address of Primary POC	Telephone Number of Primary POC
BJavier@coopervision.com	925-660-4491

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

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			Н	EADQU	ARTE	RS REF	ORT								
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
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E372548						С	ooper C	Compar	nies Ind	;					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	33
SECTION C – HI	•			FSTAR	i ichv	/ENT_I	EVEL	IDENT	IFICAT	FION (i	fannlica	bla)	- I		
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HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	33
	SECTI	ON D -	EMPI		IDENT 942657		TION N	UMBE	R (EIN)					
				EMPL	OYER	FILING									
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Executive/Senior Level Officials and Managers	0	0	9	0	2	0	0	0	2	0	0	0	0	0	13
First/Mid-Level Officials and Managers	2	3	9	0	4	1	0	1	14	1	14	1	0	0	50
Professionals	2	4	10	0	8	0	0	1	16	0	17	0	0	1	59
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	7	0	0	0	0	0	10 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 2022 REPORTING YEAR TOTAL	4	9	28	0	14	1	0	2	39	1	32	1	1	1	133
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 123120

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

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
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ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (if	fapplica	ıble)			
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	SECTI	ON D -	TEIVII I		42657		HONN	UNIDE	K (EII)	,					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	ľ						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	ot Eligi	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	N BUSI	INESS		
SE	CTION	F – FEI	DERAI	CONT	RACT	OR DE	SIGNA'	TION (i	f applic	able)					
52	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE														
☐ YES (Single-Establishm	ent Emn		-						ent Em	nlover is	Federal	l Contra	ctor)		
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Executive/Senior Level Officials and Managers	1	0	11	1	1	0	0	0	4	0	0	0	0	0	18
First/Mid-Level Officials and Managers	2	3	66	1	10 21	0	0	0	77	1 5	3	0	0	<u>0</u>	167 218
Professionals Technicians	0	5 0	78 0	3	0	0	0	0	91	0	12 0	0	0	0	0
Sales Workers	6	6	94	2	2	2	0	1	94	1	2	0	2	2	214
Administrative Support Workers	3	6	14	1	1	0	0	1	51	5	2	0	0	0	84
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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 1231202

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

Not Applicable

Service Workers

CURRENT 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc ADDRESS CITY/TOWN STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON 94583 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47044 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1355 Piccard Drive **ROCKVILLE** MD 20850 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 94265736 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): UNAVAILABLE ☐ 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) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 339112 - Surgical and Medical Instrument Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male **Two or** Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 9 0 0 0 Professionals 0 0 0 0 0 0 0 0 2 0 0 0 0 0 2 Technicians 0 0 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Administrative Support Workers

SECTION I - WORKFORCE SNAPSHOT PERIOD 12162022 - 123120

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

Not Applicable

Craft Workers

Service Workers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

Operatives Laborers and Helpers

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON 94583 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47033 CooperSurgical Inc

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

11915 La Grange Avenue

942657368

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): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) X 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)

CITY/TOWN

LOS ANGELES

STATE

CA

ZIP CODE

90025

SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
First/Mid-Level Officials and Managers	4	5	11	0	2	0	0	1	23	3	6	0	0	2	57
Professionals	6	4	8	1	8	0	0	1	29	2	9	0	0	2	70
Technicians	9	6	1	1	1	0	0	1	3	2	0	0	0	1	25
Sales Workers	2	1	3	1	0	0	0	0	22	2	2	0	0	2	35
Administrative Support Workers	9	14	1	0	0	1	0	1	9	2	1	0	0	2	40
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	31	30	28	3	11	1	0	4	88	11	18	0	0	9	234

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

Not Applicable

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

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

												Expii	ation Dat	C. 00/31/	2024
			SECT	ION A	- TYP	E OF RI	EPORT								
			ES	STABLE	SHME	NT REF	ORT								
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
E372548						С	ooper (Compar	nies Ind						
ADDRESS							·	TY/TOW	/NI		1	STATE	1	ZIP CC	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
LN43562						Blar	nchard (Contact	t Lens	Inc					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
8025 South Willow								ICHES				NH		0310	
0020 00411 17111011			EMDI	OVED	IDENT	TIFICA'				n					
				9	42657	368			`	,					
						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION					OR DE			if applic	able)					
			-			UNAVA									
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
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JOB CATEGORIES				Black or African American		an lar	American Indian or Alaska Native	ζac		Black or African American		an	American Indian or Alaska Native	Şac	Row
JOB CATEGORIES	συ	<u>e</u>	ę.	\fri	_	/aii	ndi Iat	ē	بو	or	_	/aii	ndi	ē	Total
	Male	Female	White	ck or Afric American	Asian	<u>ĕ</u> ĕ	ın l a M	₫	White	Black or an Amer	Asian	<u>ĕ</u> <u>≅</u>	ın l	₽	
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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	1	0	0	0	0	0	1
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 Craft Workers	0	0	0	0	0	0	0	0	4 0	0	0	0	0	0	6 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 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	6	0	1	0	0	0	8

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON 94583 CA SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47090 CooperVision HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5870 Stoneridge Drive, Suite 1 **PLEASANTON** CA 94588 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

SECTION G - NAICS INFORMATION 339115 - Ophthalmic Goods Manufacturing

☐ YES (Headquarters is Federal Contractor) 🗵 YES (Non-Headquarters Establishment is Federal Contractor)

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	8	0	5	0	0	0	6	0	6	0	0	0	26
Professionals	1	2	8	1	12	0	0	1	5	0	12	0	0	0	42
Technicians	1	1	1	0	0	0	0	0	0	0	1	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	4	17	1	17	0	0	1	11	0	19	0	0	0	73

SECTION I - WORKFORCE SNAPSHOT PERIOD 12162022 - 123120

Not Applicable

PRIOR 2021 REPORTING YEAR TOTAL

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

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47110 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 950 Massachusetts Avenue **CAMBRIDGE** MA 02139 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 94265736 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): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) XYES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

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

SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

						DEMO		thnicit							
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	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	1	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	1	1	0	1	0	0	0	0	1	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	0	1	1	0	0	0	0	0	0	1	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	2	3	1	0	0	0	0	4	3	1	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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: 08/31/2024

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OFS COMPANY ID		SECT	ION B	<u> – EMP</u>	LOYE	R IDEN		OYER N.	AME						
E372548						C		compan							
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ADDRESS							CI	TY/TOW	'N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	3
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	applica	ıble)			
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LN43551							Cooper	Surgica	al Inc						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL.ADD	RESS				CI	TY/TOW	'N			STATE		ZIP CO	DE
7580 Fannin Stree			111100									TX			
	<u> </u>											- 17		7700	-
	SECTI	ON D –	EMPI				TION N	UMBE	R (EIN	)					
		SECTIO	)N E –	EMPL	OYER	FILING	ELIGI	BILITY	7						
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	ot Eligi	ible to F	ile)	EMPL(	YER I	NO LON	IGER I	IN BUSI	INESS		
SEC	CTION								f applic	able)					
_			-												
☐ YES (Single-Establishm	SECTION E – 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): UNAVAILABLE  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (F	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 942657368  SECTION E – EMPLOYER FILING ELIGIBILITY  Ole 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): UNAVAILABLE  Imment Employer is Federal Contractor) XYES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) XYES (Non-Headquarters Establishment is Federal Contractor)  XYES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION 339112 - Surgical and Medical Instrument Manufacturing														
<b>—</b> 125 (1	rounquu												ue (31)		
	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): UNAVAILABLE  Inment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)  X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	ible 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): UNAVAILABLE  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  G (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 E – 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)														
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	or La	atino			M	ale					Fen	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
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JOB CATEGORIES	o o	<u>e</u>	e)	ck or Afric American	_	/aii	ndi Iati	ė.	ø	Black or an Amer	_	aii s	ndi Iati	ė	Total
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Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	4	0	1	0	0	0	1	0	1	0	0	0	7
Technicians	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	7	0	1	0	0	0	1	0	2	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

Not Applicable

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47055 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 201 W North River Drive, Suite 110 **SPOKANE** WA 99201

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

942657368

## 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): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)
  - ☐ YES (Headquarters is Federal Contractor) 
    ☐ YES (Non-Headquarters Establishment is Federal Contractor)
    - **X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

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							Race/E	thnicit	у					· ·	
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	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	1	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	3	0	0	0	0	0	1	0	0	1	0	1	6
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	5	0	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	4	0	0	0	0	0	8	0	1	1	0	1	16
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOY 2022 EMPLOYER INI													Revised ontrol Nu ation Dat	mber: 30	
			SECT	TON A	– TYPI	E OF RI	EPORT								
			E	STABLI	SHME	NT REF	PORT								
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID						_		OYER N							
E372548						C	ooper (								
ADDRESS								TY/TOW				STATE		ZIP CO	
6101 Bollinger Canyon I	Road, S	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C – HE	CADQU	ARTE	RS OR			IENT-L UARTEI						able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID H093638					HEADQ	UARTE		perVisi		-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	DRESS					TY/TOW				STATE		ZIP CO	DE
711 North R								OTTSVI				NY		1454	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 942657368														
'	942657368														
	SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile) 🔲	EMPL	OYER I	NO LON	NGER I	IN BUS	INESS		
SEC	CTION					OR DE			if applic	able)					
_			-	-		JNAVA									
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Emp	ployer is	Federa	l Contra	ctor)		
☐ YES (H	[eadqua	rters is I	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establi	ishment	is Feder	al Contr	actor)		
		XY	ES (Or	ne or Mo	ore Non	-Headqu	arters E	Establish	ments is	s Federa	l Contra	actor)			
						INFOR									
	SE					DEMO			TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		l	М	ale	l				Fen	nale	l		
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2022 REPORTING YEAR TOTAL** PRIOR 2021 REPORTING YEAR TOTAL 

> SECTION I - WORKFORCE SNAPSHOT PERIOD 12162022 - 1231202

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

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 **SAN RAMON** CA 94583 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LN43496 CooperSurgical Inc

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1935 Armacost Avenue

942657368

## 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): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X 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)

CITY/TOWN

LOS ANGELES

STATE

CA

ZIP CODE

90025

### SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	( n – v	VUKKF	OKCE										
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
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 2022 REPORTING YEAR TOTAL	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2021 REPORTING YEAR TOTAL	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

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

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

												Lapii	ation Dai	.c. 06/31/	2024
			SECT	TION A	– TYPI	E OF RI	EPORT								
			E:	STABLI	SHME	NT REF	ORT								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
E372548						С	ooper (	Compar	nies Ind						
ADDRESS							·	TY/TOW	/NI			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	)0				SA	N RAM	ON			CA		9458	33
SECTION C - HI	EADQU.	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
NQ06724							Coope	rSurgic:	al Inc						
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				9	942657	368									
	S	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	over Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
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SEX	TION								т аррис	able)					
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YES (Single-Establishm	ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (I	ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
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JOB CATEGORIES		Ф		ck or Afric American	_	:≝ <u>IS</u>	dia	R		or eri	_	Native Hawaiian Other Pacific Islan	American 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	1	2	3	0	2	0	0	0	0	1	0	0	0	1	10
Professionals	3	1	3	0	1	0	0	0	1	0	0	0	0	0	9
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 4	0	0 4	0	0	0	0	0	0	0	0	0	2 14
Craft Workers Operatives	1	16	1	1	3	0	0	1	4	1	23	0	0	0	51
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

SECTION I - WORKFORCE SNAPSHOT PERIOD

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12162022 - 12312022

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0

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62

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

Not Applicable

**CURRENT 2022 REPORTING YEAR TOTAL** 

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

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

			-	TON A		-	-								
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
E372548						С	ooper (	Compar	nies Ind	;					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME				
LN43584							Coope	rSurgic	al Inc						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS					TY/TOW				STATE		ZIP CO	DF
925 Wurlitzer		LLTIDD	TCLOS			N	NORTH			Δ		NY		1412	
														1712	
	SECTI	ON D –	EMPI	LOYER	IDENT 142657		TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
				tity ID (					••						
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
	S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
L IES (F	X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	ø.	ck or Afric American	_	aiii	nerican Indian Alaska Native	e R	a)	or	_	aiii	nerican Indian Alaska Native	e E	Total
	Male	Female	White	r A	Asian	aw	n K	lor	White	Black or an Amer	Asian	aw	n K	<u>ö</u>	
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						20	,	_				- 0	,	_	
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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	3	0	0	0	0	0	0	7	1	2	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	3	4	0	0	0	0	0	12	1	2	0	0	0	23
PRIOR 2021 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	10	0	1	0	0	0	16

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47066 CooperVision Specialty EyeCare HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2236 Rutherford Rd, STE 115 **CARLSBAD** CA 92008 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 94265736 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): UNAVAILABLE ☐ 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) **X** YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 339115 - Ophthalmic Goods Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino

		atino			М	ale	NOL	пізраі	IIC OF L	auno	Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	1	0	2	0	0	0	0	0	2	0	0	0	0	0	5
First/Mid-Level Officials and Managers	0	0	5	0	1	0	0	0	4	0	0	0	0	0	10
Professionals	0	0	3	0	1	0	0	0	4	0	0	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	1	0	2	0	0	0	3
Sales Workers	1	2	2	0	0	0	0	0	12	0	0	0	0	0	17
Administrative Support Workers	0	2	2	0	1	0	0	0	3	0	0	0	0	0	8
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	2	9	0	2	1	0	0	9	0	4	0	0	1	31
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	5	6	23	0	5	1	0	0	35	0	6	0	0	1	82
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD 12162022 - 12312022

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

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc ADDRESS CITY/TOWN STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON 94583 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47077 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 369 Lexington Avenue **NEW YORK** NY 10016 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): UNAVAILABLE ☐ 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)

SECTION G – NAICS INFORMATION
339112 - Surgical and Medical Instrument Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

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

### Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male **Two or** Executive/Senior Level Officials and Managers 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 2 0 0 Professionals 0 0 0 0 0 0 0 0 2 0 0 0 0 0 2 Technicians 0 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 1 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 6 Craft Workers 0 0 0 0 0 0 0 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 Service Workers 0 0 0 0 n 0 0 0 0 0 0 0 0 0 **CURRENT 2022 REPORTING YEAR TOTAL** 6 0 0 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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: 08/31/2024

				TON A		-	-								
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
E372548						С	ooper C	Compar	nies Ind	;					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	33
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
LN43504							Coope	rSurgic	al Inc						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
225 West Jefferso	n Aven	nue					NAI	PERVII	LE			IL		6054	10
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X YES (Employer Is Eligible										NO LON	NGER I	IN BUSI	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	TION (i	if applic	able)					
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☐ YES (Single-Establishm	ent Emn	lover is	Federa	l Contrac	rtor) X	VES	Multi-Fe	tablichm	ent Em	nlover ic	Federal	l Contra	ctor)		
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YES (H	S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)  X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Daw
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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	0	1	0	0	0	0	0	0	0	0	0	0	0	5 1
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	1	0	0	0	0	0	1
Administrative Support Workers	0	2	0	0	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	3	2	0	0	0	0	0	8	0	0	0	0	0	13
PRIOR 2021 REPORTING YEAR TOTAL	0	3	2	0	0	0	0	0	9	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47088 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4294 El Camino Real LOS ALTOS CA 94022 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 94265736 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)

# X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION

☐ YES (Headquarters is Federal Contractor) 🗵 YES (Non-Headquarters Establishment is Federal Contractor)

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

<u>Unique Entity ID (UEI)</u>: UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) 
☐ YES (Multi-Establishment Employer is Federal Contractor)

	SECTION II – WORKFORCE DEMOCRATING DATA													•	
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	nic or L	atino					
	or L	atino			М	ale					Fer	nale			1
JOB CATEGORIES	ø	ale	e	African ican	<u>c</u>	Hawaiian or acific Islander	ndian or Jative	or More Races	9.	or nerican	<u>c</u>	Hawaiian or acific Islander	Indian or Native	e Races	Row Total
	Маіе	Female	White	Black or Afric American	Asian	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or Mor	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American I Alaska N	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	2	0	0	0	0	0	0	0	0	1	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	2	0	2	1	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	2	0	0	0	0	0	0	3	0	5	1	0	0	11
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

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

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

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2022 EMPLOYER IN	FORM	ATIO	N REF	ORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	ION A	– TYPI	E OF RI	EPORT								
			E	STABLE	SHME	NT REP	ORT								
		SECT	ION B	- ЕМР	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
E372548						С	ooper (	Compar	nies Ind	;					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SA	N RAM	ON			CA		9458	3
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID P524980					HEADQ	•	Coope			T-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT LEV	TEL ADD	DECC		1			TY/TOW			1	STATE	1	ZIP CO	DE
75 Corporate		EL ADL	KESS					RUMBU				CT		0661	
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				9	942657	368				,					
<u>_</u>						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER I	NO LON	IGER I	N BUS	INESS		
SEC	CTION					OR DES			if applic	able)					
	Unique Entity ID (UEI): UNAVAILABLE  mment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	(Headquarters is Federal Contractor) 🗵 YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	330					INFOR			ırina						
	SE	CTION	H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale				1 1	Fen	nale	1		
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		ø.		Black or African American		ijar Isla	dian	Ra		Black or African American		iiiai Isla	dian	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	Iwa Fic	In Na	ore	White	Black or an Amer	Asian	ic	Na Pr	ore	Total
	Ĕ	-en	×	k or	As	Ha aci	can ska	Š	₹	lac In A	As	Ha aci	can	Š	
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Executive/Senior Level Officials and Managers	0	1	15	1	0	0	0	0	6	0	1	0	0	1	25
First/Mid-Level Officials and Managers	2	4	88	6	4	0	0	0	50	2	9	0	0	1	166
Professionals	11	13	49	4	13	1	0	2	60	13	6	0	0	0	172
Technicians	2	0	5	0	0	0	0	0	117	0	0	0	0	0	7
Sales Workers Administrative Support Workers	11	3 10	80 11	5 2	2	0	0	0	117 54	2 11	3	0	0	0	230 95
Craft Workers	1	0	5	0	0	0	0	0	1	0	0	0	0	0	7
Operatives	17	82	23	7	3	0	0	1	48	8	23	0	0	1	213
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	46	113	276	25	26	1	0	4	336	36	46	0	0	6	915

SECTION I – WORKFORCE SNAPSHOT PERIOD

107

244

12162022 - 12312022

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: 08/31/2024

															-
			-	TON A		-					•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
E372548						С	ooper (								
ADDRESS 6101 Bollinger Canyon	Dood (	Suite E	20					TY/TOW				STATE		ZIP CC	
								N RAM				CA		9458	33
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL.	IDENT	IFICA'	<b>ΓΙΟΝ</b> (ii Γ-LEVEL	f applica	able)			
GU21907					пеарс	•	Coope			I-LEVEL	INAME				
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HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOW				STATE		ZIP CC	
3 Regent Street,								INGST				NJ		0703	39
	SECTI	ON D -	EMPI	LOYER	IDENT 142657		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
<u>_</u>				tity ID (											
☐ YES (Single-Establishm	ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
YES (F	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
	▼ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	339			al and M					uring						
				VORKF											
							Race/E								
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1 1	IVI	ale					Fer	nale			
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				a		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	
JOB CATEGORIES		45		Black or African American		iiai Sla	nerican Indian Alaska Native	Ra		r eric		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	اد ا	lnc Na	ore	White	Black or an Amer	Asian	ات!	Inc Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	1	0	0	0	4
First/Mid-Level Officials and Managers	4	2	7	0	1	0	0	1	11	3	1	0	0	0	30
Professionals	3	2	12	1	0	0	0	0	12	0	4	0	0	0	34
Technicians	2	1	4	1	1	0	0	1	7	0	2	0	0	0	19
Sales Workers  Administrative Support Workers	0	2	2	0	0	0	0	0	13 12	4	3	0	0	1	21 24
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	4	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	9	8	32	3	3	0	0	2	55	12	11	0	0	1	136
PRIOR 2021 REPORTING YEAR TOTAL	4	6	22	3	4	1	0	2	51	11	9	0	0	3	116
			1												

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN													Revised ontrol Nu- ation Dat	mber: 304	
			SECT	TON A	– TYPI	E OF RI	EPORT								
						NT REF									
T		SECT	TON B	3 <b>–</b> EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
E372548						C	ooper (	Compar	nies Ind	;					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road,	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C - H	EADQU	JARTE	RS OR	ESTAB								able)	· ·		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
HK11575						Coope	rVision	Specia	alty Eye	Care					
HEADQUARTERS OR ESTABLISHM							Cl	TY/TOW	VN			STATE		ZIP CO	DE
2120 West Guadalupe	Road, S	Suite 1	12				(	SILBER	Т			ΑZ		8523	33
	SECTI	ON D -	EMPI		IDENT 942657	TIFICA'	TION N	UMBE	R (EIN	)	I.				
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNAVAILABLE  Shment Employer is Federal Contractor) X VFS (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishm															
□ YES (I	Headaua	rters is l	Federal	Contrac	tor) 💢	YES (N	Ion-Head	douarter	s Establ	ishment	is Feder	al Contr	actor)		
	1					-Headqu							,		
						INFOR									
	SE					DEMO			TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
JOB CATEGORIES				ican n		ian or slander	ian or iive	Races		rican		ian or slander	ian or iive	Races	Row
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Total
								-				Ŭ			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	4	3	0 17	0	0	0	0	0	0 15	0	0	0	0	0	2 39
Professionals	3	4	12	2	1	0	1	0	13	1	4	0	0	1	42
Technicians	0	1	1	0	0	0	0	0	1	0	0	0	1	0	4
Sales Workers	0	1	4	0	0	0	0	0	9	0	2	0	0	1	17
Administrative Support Workers	0	5	2	1	0	0	0	1	7	1	0	0	0	0	17
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 1231202

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

Not Applicable

Operatives

Laborers and Helpers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Service Workers

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

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

				`								Expir	ation Dat	e: 08/31/	2024
				TION A											
				STABLI											
OFS COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
E372548						С	ooper (			•					
							<u>'</u>				-	CEL A EEE		7TD 00	D.F.
ADDRESS		- · -						TY/TOW				STATE		ZIP CC	
6101 Bollinger Canyo								N RAM				CA		9458	33
SECTION C -	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
LN43513							Coope								
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOW				STATE		ZIP CC	
361 Newbu	y Street						В	OSTO	N			MA		021′	5
	SECTI	ON D -	EMPI	LOYER	IDENT 942657		TION N	UMBE	R (EIN	)	,		•		
_				EMPL	OYER	FILING									
X YES (Employer Is Eligible)											IGER I	IN BUS	INESS		
S	ECTION								if applic	able)					
			-	tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)													
		YES (One or More Non-Headquarters Establishments is Federal Contractor)													
		X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION													
	33			ON G − I al and N					ırina						
				VORKE											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
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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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	o	Female	क	ck or Afric American	2	vaii	ndi Iat	re F	ā	Black or an Amer	⊆	vaii	ndi Vat	re F	Total
	Male	Ĕ	White	or / eri	Asian	je a	ın l a M	Noi	White	A A	Asian	i≟a	ın l	Q.	
		ığ.	>	sk (	⋖	e F Pa	ica ask	or I	>	Blan	∢	e F Pac	ica ask	J.	
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				ш		울	Ā	≥		⋖		울	Ā		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	2	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	L 0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
PRIOR 2021 REPORTING YEAR TOTA	L 0	0	2	0	1	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

Not Applicable

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

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

Expiration Date: 08/31/2024

				TON A -							•				
		SECT		- EMP				TION							
OFS COMPANY ID		SECI	ION D	- ENIF	LOIL	KIDEN		OYER N	AME						
E372548						С	ooper C			;					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	33
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	fapplica	ible)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	TABLIS	HMENT	-LEVEL	NAME				
LN43485							GP Sp	ecialist	s Inc						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
15970 Bernardo C	enter D	rive					SA	N DIE	30			CA		9212	27
	SECTI	ON D -	EMPI	LOYER	IDENT 42657		TION N	UMBE	R (EIN	)					
		SECTIO	)N E –	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LON	IGER I	N BUSI	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
		Uni	que En	tity ID (	<u>UEI)</u> :	UNAVA	ILABLE								
☐ YES (Single-Establishn	ent Emp	oloyer is	Federa	l Contrac	tor) 🔀	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federal	Contra	ctor)		
□ YES (	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
				Ophthal											
	SE	CTION	H – V	VORKF	ORCE										
	L						Race/E								
	Hisp	anıc atino			м	ale	Not	Hispan	IC Or L	atino	Fon	nale			
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100.0475000150				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	a)	<u>e</u>	ø	ck or Afric American	_	aii S Is	ndi Iati	ė.	ø	or ner	_	aii	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A	Asian	a Eic a	ın lı	٩	White	Black or an Amer	Asian	ii a	a l	/lor	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	3	0	0	0	0	0	1 5
Professionals	0	1	0	0	1	0	0	1	0	0	1	0	0	0	4
Technicians	0	0	0	0	1	0	0	0	0	1	0	0	0	0	2
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	5 0
Craft Workers Operatives	2	1	4	0	0	0	0	0	1	0	0	0	0	0	8
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	3	8	0	2	0	0	1	6	1	1	0	0	0	25
PRIOR 2021 REPORTING YEAR TOTAL	0	3	8	1	2	0	0	1	6	1	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022

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

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER INI						OMB C	Revised ( ontrol Nu- ation Dat	mber: 304							
						E <b>OF RI</b>									
		SECT				R IDEN		TION							
OFS COMPANY ID		BECI	10111	- 121111	LOIL	K IDEN		OYER N	AME						
E372548						С	ooper C	Compar	nies Ind	;					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
6101 Bollinger Canyon	Road, S	Suite 50	00				SAI	N RAM	ON			CA		9458	33
SECTION C - HE				ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMEN	T-LEVEL	NAME				
PC47101							Cooper	Surgic	al Inc						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
6550 South Bay Colo	ny, Sui	ite 100					Т	UCSO	N			AZ		8575	6
	SECTI	ON D -	EMPI		IDENT 942657	TIFICA'	TION N	UMBE	R (EIN	)			<u> </u>		
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible				•							NGER I	N BUSI	NESS		
SEC	CTION					OR DE			if applic	able)					
☐ YES (Single-Establishme	nment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
□ <b>VES</b> (H	leadana:	rters is I	Federal	Contrac	tor) X	YES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
						INFOR			ments i	s redera	Conur	ictor)			
	33					Instrum			uring						
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
			•				Race/E								
		anic atino			М	ale	Not	Hispan	ic or L	atino	Eon	nale			
	OI L	atimo			IAI	ale					rei	lale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
				Bla			Ame A	Two				Nati Other			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 6	0 10	9	0	0	0	0	2	0 13	0	0	0	0	0	1 44
Professionals	3	4	5	0	2	0	0	1	5	0	3	0	0	0	23
Technicians	8	9	15	0	1	0	0	0	11	1	5	0	0	0	50
Sales Workers Administrative Support Workers	4	12 24	8	3	1	0	0	0	10 13	3	3	0	0	0	36 53
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	25	59	40	4	5	0	0	3	52	6	12	0	0	1	207
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD 12162022 - 12312022

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

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN													Revised ( ontrol Nur ation Dat	mber: 30	
			SECT	TON A	– TYPI	E OF R	EPORT				I				
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID						_		OYER N							
E372548						С	ooper (	Compar	nies Inc	;					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
6101 Bollinger Canyor	Road,	Suite 50	00				SA	N RAM	ON			CA		9458	33
SECTION C – H	EADQU	JARTE	RS OR	ESTAB								able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
X485452							Coo	perVisi	on						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
180 Thruway F	ark Driv	/e					WEST	HENR	IETTA			NY		1458	36
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
				9	942657	368				,					
						FILING									
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE														
	Unique Entity ID (UEI): UNAVAILABLE														
☐ YES (Single-Establish	Unique Entity ID (UEI): UNAVAILABLE hment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (	Headana	rters is I	Federal	Contrac	tor) X	YES (N	Ion-Head	danarter	s Establ	ishment	is Feder	al Contr	actor)		
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				_		Native Hawaiian or Other Pacific Islander	ō	es		_		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		an	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	ā	ck or Afric American	2	vaii	nd Aat	ē	9	Black or an Amer	⊆	vaii	ndi Vat	ē	Total
	Male	Ĕ	White	or / eri	Asian	ļa	ia l	Ψ	White	Ack Ar	Asian	aşi	an I	₽	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	3	1	1 25	3	1	0	0	0	9	0	1	0	0	0	1 45
Professionals	0	6	24	2	1	0	0	2	15	0	2	0	0	0	52
Technicians	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	3	8	22	8	20	0	1	0	31	5	10	1	1	2	112
Craft Workers	2	0	12	0	1	0	0	1	1	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162022 - 1231202

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

Not Applicable

Operatives

Laborers and Helpers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Service Workers

### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME E372548 Cooper Companies Inc CITY/TOWN ADDRESS STATE ZIP CODE 6101 Bollinger Canyon Road, Suite 500 SAN RAMON CA 94583 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PC47022 CooperSurgical Inc HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 11160 Warner Avenue, Suite 411 **FOUNTAIN VALLEY** CA 92708 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): UNAVAILABLE ☐ 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 339112 - Surgical and Medical Instrument Manufacturing SECTION H - WORKFORCE DEMOGRAPHIC DATA

		Race/Ethnicity													
	Hisp	anic	Not Hispanic or Latino												
	or Latino		Male Female												
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	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 2022 REPORTING YEAR TOTAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

PRIOR 2021 REPORTING YEAR TOTAL SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 12312022 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

# SECTION A – TYPE OF REPORT

ESTABLISHMENT REPORT																	
SECTION B – EMPLOYER IDENTIFICATION																	
OFS COMPANY ID	EMPLOYER NAME																
E372548	Cooper Companies Inc																
ADDRESS	ADDRESS						CI	TY/TOW	VΝ		STATE	ATE ZIP CODE					
6101 Bollinger Canyon Road, Suite 500						SAN RAMON CA S											
SECTION C - HE	ADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME						
LN43540							Coope	rSurgic	al Inc								
HEADQUARTERS OR ESTABLISHME			CI	TY/TOW	VΝ		STATE ZIP COI			DE							
4055A Campbell Avenue						MENLO PARK								94025			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 942657368																	
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): UNAVAILABLE																	
☐ 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)																	
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																	
SECTION G - NAICS INFORMATION																	
339112 - Surgical and Medical Instrument Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
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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 Alaska Native	Two or More Races	Row		
JOB CATEGORIES	9	ale	ē	ck or Afri American	u	vaii	ndi Iat	re F	ā	Black or	⊆	vaii	ndi Vat	ē	Total		
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3		
Professionals	1	0	0	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	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	2	1	0	1	0	0	0	0	0	4	2	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 2022 REPORTING YEAR TOTAL	4	5	2	0	2	0	0	0	0	0	4	2	0	0	19		
PRIOR 2021 REPORTING YEAR TOTAL	6	5	2	0	2	0	0	0	0	0	4	1	0	0	20		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12162022 - 1231202

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