U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
		SECTION								•				
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OFS COMPANY ID P571503	EMPLOYER NAME BAXTER INTERNATIONAL INC													
					DAXI	ERINI	ERNAI	IONAL	INC					
ADDRESS						CI	TY/TOW	/N			STATE		ZIP CO	DE
1 BAXTER PARKWAY						DEERFIELD							6001	5
SECTION C - HI	EADQUARTE	RS OR E									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE		ZIP CO	DE
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	SECTION D -	EMPLO	OYER	IDENT	TIFICA	TION N	UMBE	R (EIN)					
			3	62604	143									
	SECTION	ON E – E	EMPLO	OYER	FILING	ELIGI	BILITY	Z .						
X YES (Employer Is Eligible	to File) NO	(Employ	yer Is N	ot Eligi	ble to F	ile)	EMPLO	OYER I	NO LONG	GER I	N BUSI	NESS		
SEC	CTION F - FE							f applic	able)					
_		ique Entit												
■ YES (Single-Establishm	ent Employer is	Federal (Contrac	tor) X	YES (I	Multi-Es	tablishm	ent Em	ployer is F	ederal	Contra	ctor)		
X YES (F	leadquarters is l	Federal C	Contract	or)	YES (N	on-Head	lquarters	s Establ	shment is	Federa	al Contra	actor)		
	X Y	ES (One	or Mo	re Non	-Headqu	arters E	stablish	ments is	Federal (Contra	ctor)			
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	339112 -													
	SECTION	NH – W	ORKF	ORCE										
						Race/E								
	Hispanic								F	Female				
	or Latino	io Male						ren	naie					
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							Race/E	thnicity	/						
	Hispanic Not Hispanic or Latino											1			
JOB CATEGORIES	or Latino		Male Female												1
	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	2	4	67	2	16	0	0	0	42	1	4	0	0	0	138
First/Mid-Level Officials and Managers	99	76	1445	66	215	3	6	35	903	84	132	0	2	17	3083
Professionals	119	96	1359	109	215	4	3	46	1061	112	190	1	5	20	3340
Technicians	408	104	1403	530	154	13	17	70	519	137	75	2	7	17	3456
Sales Workers	47	28	596	38	17	0	5	9	421	17	13	0	2	7	1200
Administrative Support Workers	29	64	168	37	10	1	0	4	480	87	35	0	2	15	932
Craft Workers	43	22	398	62	24	0	5	8	24	10	2	0	1	2	601
Operatives	113	135	663	123	114	1	9	21	755	127	223	6	12	18	2320
Laborers and Helpers	81	38	392	112	24	0	7	14	200	122	18	0	1	7	1016
Service Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	941	567	6492	1079	789	22	52	207	4406	697	692	9	32	103	16088
PRIOR 2022 REPORTING YEAR TOTAL	874	600	7114	1117	764	21	33	201	5015	827	699	11	30	104	17410

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2023 - 12/31/2023

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 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME P571503 **BAXTER INTERNATIONAL INC** ADDRESS CITY/TOWN STATE ZIP CODE 1 BAXTER PARKWAY **DEERFIELD** IL 60015 CERTIFICATION COMMENTS (optional) Baxter excluded 90 employees. These employees chose not to self-identify their race and Baxter was unable to attain it through employment records or a visual. 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 5/29/2024 9:17 AM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **Eric Zion Deputy General Counsel and Vice President** Email Address of Certifying Official Telephone Number of Certifying Official PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Name of Primary POC Title and Employer of Primary POC **Deputy General Counsel and Vice President Eric Zion** Baxter

Telephone Number of Primary POC

Email Address of Primary POC