

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L109756			EMPLOYER NAME AMERISOURCEBERGEN CORPORATION												
ADDRESS 1 WEST FIRST AVENUE					CITY/TOWN CONSHOHOCKEN				STATE PA		ZIP CODE 19428				
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) 232546940															
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): NWEGNLYTBDW4 <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 424210 - Drugs and Druggists' Sundries Merchant Wholesalers															
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	7	8	201	11	14	0	0	3	124	11	3	0	1	0	383
First/Mid-Level Officials and Managers	112	100	1065	159	169	3	5	31	930	192	101	3	5	27	2902
Professionals	115	144	910	136	284	3	2	39	1287	339	268	5	10	53	3595
Technicians	21	22	44	9	2	0	0	0	97	8	13	2	0	2	220
Sales Workers	19	28	353	28	11	0	2	7	426	17	11	0	1	4	907
Administrative Support Workers	91	254	335	199	50	3	4	31	1157	1648	133	8	10	96	4019
Craft Workers	15	0	86	12	9	1	2	2	3	0	1	0	0	1	132
Operatives	726	749	895	658	387	26	12	68	636	504	267	22	14	56	5020
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	4	3	17	9	3	0	0	1	4	1	0	0	0	1	43
CURRENT 2022 REPORTING YEAR TOTAL	1110	1308	3906	1221	929	36	27	182	4664	2720	797	40	41	240	17221
PRIOR 2021 REPORTING YEAR TOTAL	974	1184	3915	1192	891	35	22	176	4731	2921	752	35	43	236	17107
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2022 - 12/31/2022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID L109756		EMPLOYER NAME AMERISOURCEBERGEN CORPORATION		
ADDRESS 1 WEST FIRST AVENUE		CITY/TOWN CONSHOHOCKEN	STATE PA	ZIP CODE 19428
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 11/27/2023 7:39 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official NICOLE CARLYLE		Title of Certifying Official DIR ASSOC RELATIONS AND COMPLIANCE		
Email Address of Certifying Official NCARLYLE@AMERISOURCEBERGEN.COM		Telephone Number of Certifying Official 252-493-1413		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC NICOLE CARLYLE		Title and Employer of Primary POC DIR ASSOC RELATIONS AND COMPLIANCE AMERISOURCEBERGEN CORPORATION		
Email Address of Primary POC NCARLYLE@AMERISOURCEBERGEN.COM		Telephone Number of Primary POC 252-493-1413		