

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 DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)												
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
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) 341096634															
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): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	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	Row Total
Executive/Senior Level Officials and Managers	0	0	9	0	4	0	0	1	2	0	1	0	0	0	17
First/Mid-Level Officials and Managers	4	6	70	1	4	0	0	1	74	7	7	0	0	1	175
Professionals	2	5	83	2	8	0	0	1	72	8	11	1	0	2	195
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	1	6	1	2	0	0	0	0	28	4	2	1	0	1	46
Craft Workers	12	0	37	6	2	0	0	0	0	0	0	0	0	0	57
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	19	17	200	11	18	0	0	3	176	19	21	2	0	4	490
PRIOR 2021 REPORTING YEAR TOTAL															
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/7/2022 - 12/21/2022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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 K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID DC55098		EMPLOYER NAME Welltower Inc. (Health Care REIT)		
ADDRESS 4500 DORR STREET		CITY/TOWN TOLEDO	STATE OH	ZIP CODE 43615
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 11:12 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Pam Byrne		Title of Certifying Official SVP, Head of Human Capital		
Email Address of Certifying Official PByrne@welltower.com		Telephone Number of Certifying Official 419-247-2800		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Tom Foos		Title and Employer of Primary POC Human Capital Manager Welltower Inc. (Health Care REIT)		
Email Address of Primary POC tfoos@welltower.com		Telephone Number of Primary POC 419-266-0327		

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SECTION A – TYPE OF REPORT HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)												
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID DC55098			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Welltower Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4500 Dorr Street						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 341096634															
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): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	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	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	1	0	34	0	2	0	0	0	27	0	2	0	0	0	66
Professionals	0	2	44	1	1	0	0	1	47	2	3	0	0	0	101
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	17	0	0	1	0	0	19
Craft Workers	0	0	0	1	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	1	2	83	2	3	0	0	1	93	2	5	1	0	0	193
PRIOR 2021 REPORTING YEAR TOTAL	1	2	84	4	2	0	0	0	81	0	5	1	0	0	180
SECTION I – WORKFORCE SNAPSHOT PERIOD 12072022 - 12212022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)												
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID LX75385			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Welltower Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 233 Wilshire Blvd, Suite 220						CITY/TOWN SANTA MONICA				STATE CA		ZIP CODE 90401			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 341096634															
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															
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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	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	1	5	3	1	0	0	1	13
Professionals	0	0	3	0	0	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	3	0	0	0	0	0	0	0	1	1	0	0	0	5
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	6	0	0	0	0	1	5	4	2	0	0	1	22
PRIOR 2021 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	3	0	1	0	0	0	14
SECTION I – WORKFORCE SNAPSHOT PERIOD 12072022 - 12212022															
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OFS COMPANY ID DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)												
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID LX75707			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Welltower Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 8115 Preston Road, Suite 400						CITY/TOWN DALLAS				STATE TX		ZIP CODE 75225			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 341096634															
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															
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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	0	2	0	3	0	0	1	0	0	0	0	0	0	6
First/Mid-Level Officials and Managers	2	4	26	1	1	0	0	0	32	3	2	0	0	0	71
Professionals	1	1	16	0	1	0	0	0	7	3	1	0	0	1	31
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	1	2	0	1	0	0	0	0	9	3	0	0	0	1	17
Craft Workers	12	0	36	5	2	0	0	0	0	0	0	0	0	0	55
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	16	7	80	7	7	0	0	1	48	9	3	0	0	2	180
PRIOR 2021 REPORTING YEAR TOTAL	2	0	1	1	1	0	0	0	4	1	0	0	0	0	10
SECTION I – WORKFORCE SNAPSHOT PERIOD 12072022 - 12212022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)													
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID PA36801			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Welltower Inc.													
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 767 Fifth Avenue, 8th Floor						CITY/TOWN NEW YORK				STATE NY		ZIP CODE 10153				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 341096634																
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): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION 531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)																
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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	0	2	0	1	0	0	0	0	0	1	0	0	0	4	
First/Mid-Level Officials and Managers	1	0	6	0	1	0	0	0	4	1	2	0	0	0	15	
Professionals	1	1	17	1	6	0	0	0	5	0	4	0	0	1	36	
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	1	0	1	0	0	0	0	1	0	1	0	0	0	4	
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	2	25	2	8	0	0	0	10	1	8	0	0	1	59	
PRIOR 2021 REPORTING YEAR TOTAL																
SECTION I – WORKFORCE SNAPSHOT PERIOD 12072022 - 12212022																
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OFS COMPANY ID DC55098			EMPLOYER NAME Welltower Inc. (Health Care REIT)												
ADDRESS 4500 DORR STREET						CITY/TOWN TOLEDO				STATE OH		ZIP CODE 43615			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID DF56511			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Welltower Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 550 Heritage Drive, Suite 200						CITY/TOWN JUPITER				STATE FL		ZIP CODE 33458			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 341096634															
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															
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JOB CATEGORIES	Race/Ethnicity														
	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	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	2	2	0	0	0	0	0	6	0	0	0	0	0	10
Professionals	0	1	3	0	0	0	0	0	13	3	3	1	0	0	24
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	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	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	6	0	0	0	0	0	20	3	3	1	0	0	36
PRIOR 2021 REPORTING YEAR TOTAL	0	4	12	1	0	0	0	0	28	4	4	1	0	0	54
SECTION I – WORKFORCE SNAPSHOT PERIOD 12072022 - 12212022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															