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

2022 EMI LOTER INFORMATION REFORT (EEO-1 COMI ONENT 1)									Expiration Date: 08/31/2024						
SECTION A – TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID		EMPLOYER NAME													
GY47595		Bath & Body Works, Inc.													
ADDRESS							CITY/TOWN						STATE ZIP CODE		
3 LIMITED PARKWAY							CC	DLUMB	US			OH 43230			30
SECTION C - H	IEADOU	JARTE	RS OR	ESTAE	BLISHN	AENT-I	EVEL	IDENT	IFICAT	TON (it	f applica	ıble)			
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			DE
CECTION D. EMBLOWED IDENTIFICATION MILEMPED (CIN)															
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 311029810															
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): RRDKKLGZ14G3															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
XYES (Headquarters is Federal Contractor)															
_															
X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	His	oanic					Not	Hispar	nic or L	atino					
	or Latino Male Female														
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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 or Alaska Native	Two or More Races	Row
JOB CATEGORIES	o o	Female	9	ck or Afric American	⊑	vai	nd at	<u> </u>	உ	Black or an Amer	⊑	vai	nd Fat	ē	Total
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Executive/Senior Level Officials and Managers	0 65	0 235	16 344	2	1 25	2	0 4	0 5	20	2	1 57	5	0 15	0 44	42
First/Mid-Level Officials and Managers Professionals	19	37	300	37 25	53	0	0	5	1497 579	183 65	45	1	2	11	2518 1142
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1642	16736	2042	1192	202	24	54	54	31309	15335	1715	286	639	694	71924
Administrative Support Workers Craft Workers	5	12 0	54 170	14 17	3	0	0	0	153 3	35 0	17 0	0	1	0	293 200
Operatives	63	20	204	354	71	0	6	8	78	123	11	2	0	2	942
Laborers and Helpers	7	42	35	96	19	1	2	0	109	306	66	0	1	8	692
Service Workers	1	2	7	4	1	0	0	2	14	7	2	0	0	0	40
CURRENT 2022 REPORTING YEAR TOTAL	1806	17084	3172	1741	377	27	67	75	33762	16056	1914	294	658	760	77793
PRIOR 2021 REPORTING YEAR TOTAL	1795	17980	3417	1990	325	61	68	91	38024	18055	2114	393	724	806	85843
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/2/2022 - 10/15/2022							l								
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Not Applicable	j – illa	υψυΑΙ	V I IVKS	OK ES	1 ADL	SHIVIE	11-LL'	VEL C	71V11V1E/1	419 (ob	uonai)				
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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION OFS COMPANY ID GY47595 Bath & Body Works, Inc. ADDRESS CITY/TOWN STATE ZIP CODE COLUMBUS OH 43230

CERTIFICATION COMMENTS (optional)

Additional Employee Data: 801 total Non-binary Employees; 1 White Administrative Support Worker; 1 Black First or Mid Level officials and Managers; 1 HISPA Laborers and Helpers; 1 White Operative; 8 AMIND Sales Workers; 23 Asian Sales Workers; 91 Black Sales Workers; 142 HISPA Sales Workers; 1 PACIF Sales Worker; 15 TWOMR Sales Workers; 517 White Sales Workers

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 12/5/2023 4:08 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Lori Hall	SR Manager Employment Practices						
Email Address of Certifying Official	Telephone Number of Certifying Official						
lahall@bbw.com	614-415-7000						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Lori Hall	SR Manager Employment Practices						
	Bath & Body Works Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
lahall@bbw.com	614-415-7000						