

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
CF62494

EMPLOYER NAME
BRIXMOR

ADDRESS
450 LEXINGTON AVENUE, 13TH FLOOR

CITY/TOWN
NEW YORK

STATE
NY

ZIP CODE
10017

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)
261381083

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): Not Applicable

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

531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)

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	0	0	23	1	0	0	0	0	8	1	0	0	0	0	33
First/Mid-Level Officials and Managers	5	10	97	0	3	0	0	3	64	7	1	0	0	3	193
Professionals	2	1	33	4	8	0	0	0	27	3	5	1	0	0	84
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	21	1	0	0	0	0	19	0	0	0	0	1	43
Administrative Support Workers	1	14	13	4	3	0	0	0	80	17	4	2	0	4	142
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	3	1	13	2	0	0	0	0	0	0	0	0	0	1	20
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	12	26	200	12	14	0	0	3	198	28	10	3	0	9	515
PRIOR 2022 REPORTING YEAR TOTAL	10	27	192	10	16	0	0	6	196	25	11	2	0	9	504

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/16/2023 - 12/29/2023

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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BRIXMOR

ADDRESS

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CITY/TOWN

NEW YORK

STATE

NY

ZIP CODE

10017

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

5/1/2024 3:52 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Paul Hewitt

Title of Certifying Official

VP, Compensation & Benefits

Email Address of Certifying Official

paul.hewitt@brixmor.com

Telephone Number of Certifying Official

610-834-7609

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Paul Hewitt

Title and Employer of Primary POC

VP, Compensation & Benefits
Brixmor Property Group

Email Address of Primary POC

paul.hewitt@brixmor.com

Telephone Number of Primary POC

610-834-7609