

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET					CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577				
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) 952536378															
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): CF68E8K1BAN1 <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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	22	22	173	13	59	1	2	3	108	12	34	0	0	3	452
First/Mid-Level Officials and Managers	282	236	2214	160	1235	7	8	70	1552	161	645	7	7	56	6640
Professionals	161	144	1009	199	650	6	8	56	703	159	555	1	2	22	3675
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	7	29	16	18	5	1	0	1	93	28	8	0	1	6	213
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 2024 REPORTING YEAR TOTAL	472	431	3412	390	1949	15	18	130	2456	360	1242	8	10	87	10980
PRIOR 2023 REPORTING YEAR TOTAL	467	444	3569	388	1896	15	21	119	2489	351	1195	9	11	89	11063
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
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 C021601		EMPLOYER NAME MASTERCARD		
ADDRESS 2000 PURCHASE STREET		CITY/TOWN PURCHASE	STATE NY	ZIP CODE 10577
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				
6/23/2025 8:45 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Catherine West		Title of Certifying Official Senior HR Analyst		
Email Address of Certifying Official catherine.west@mastercard.com		Telephone Number of Certifying Official 914-318-2781		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Catherine West		Title and Employer of Primary POC Senior HR Analyst Mastercard		
Email Address of Primary POC catherine.west@mastercard.com		Telephone Number of Primary POC 914-318-2781		

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID C021601			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME MASTERCARD												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2000 Purchase Street						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1 <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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	7	89	9	30	1	1	2	84	6	21	0	0	3	260
First/Mid-Level Officials and Managers	66	87	615	46	167	0	2	19	605	62	196	4	3	24	1896
Professionals	25	40	113	19	56	0	2	14	138	37	79	1	0	5	529
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	5	10	5	3	1	0	0	0	52	13	4	0	0	4	97
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 2024 REPORTING YEAR TOTAL	103	144	822	77	254	1	5	35	879	118	300	5	3	36	2782
PRIOR 2023 REPORTING YEAR TOTAL	108	146	819	77	265	1	5	22	873	118	282	6	2	37	2761
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

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SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID CK78692				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Kansas City Missouri											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 11530 Northwest Ambassador Dr						CITY/TOWN KANSAS CITY				STATE MO		ZIP CODE 64153			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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<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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	19	0	3	0	0	0	1	1	0	0	0	0	25
Professionals	3	0	39	6	2	0	2	0	4	2	2	0	0	2	62
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	0	0	0	0	1	0	1
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 2024 REPORTING YEAR TOTAL	4	0	58	6	5	0	2	0	5	3	2	0	1	2	88
PRIOR 2023 REPORTING YEAR TOTAL	4	0	61	7	5	0	3	1	6	4	2	0	1	2	96
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
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OFS COMPANY ID C021601				EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET							CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID CK78863				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME San Antonio Texas												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9830 Colonnade Blvd, Ste 170							CITY/TOWN SAN ANTONIO				STATE TX		ZIP CODE 78230			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378																
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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SECTION G – NAICS INFORMATION																
522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities																
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	0	0	0	0	0	0	0	0	1	0	0	0	1	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	0	0	0	0	0	0	0	
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 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	2	0	0	0	3	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	0	0	2	0	0	0	5	
SECTION I – WORKFORCE SNAPSHOT PERIOD																
12012024 - 12312024																
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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
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OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID CK78881			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Washington District of Columbia												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1401 Eye Street NW, Suite 2						CITY/TOWN WASHINGTON				STATE DC		ZIP CODE 20005			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
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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	1	2	0	0	0	0	0	0	1	1	0	0	0	5
First/Mid-Level Officials and Managers	0	2	9	0	2	0	0	2	8	2	3	0	0	1	29
Professionals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	0	4	11	0	2	0	0	2	8	4	4	0	0	1	36
PRIOR 2023 REPORTING YEAR TOTAL	0	3	7	1	2	0	0	2	9	4	4	0	0	1	33
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
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OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID CK78901			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME O'Fallon Missouri 5555 Winghamen												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5555 Winghamen Blvd						CITY/TOWN O'FALLON				STATE MO		ZIP CODE 63368			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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<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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<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
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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	5	1	1	0	0	0	1	0	0	0	0	0	8
First/Mid-Level Officials and Managers	7	5	85	2	23	0	0	1	104	6	18	0	1	2	254
Professionals	3	12	85	7	13	1	0	1	119	23	25	0	1	1	291
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	1	0	0	0	0	2	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	10	17	175	11	37	1	0	2	226	29	43	0	2	3	556
PRIOR 2023 REPORTING YEAR TOTAL	10	16	187	10	35	1	0	3	245	32	44	0	2	2	587
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
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HQ/ESTABLISHMENT-LEVEL UNIT ID D268743				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME O'Fallon Missouri Main Campus											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2200 MasterCard Blvd						CITY/TOWN O'FALLON				STATE MO		ZIP CODE 63368			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
SECTION E – EMPLOYER FILING ELIGIBILITY															
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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): CF68E8K1BAN1															
<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 checked="" 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															
522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	1	39	2	13	0	1	0	12	2	4	0	0	0	74
First/Mid-Level Officials and Managers	49	35	976	63	652	3	5	24	508	50	236	2	1	8	2612
Professionals	44	16	524	89	332	4	3	20	262	45	246	0	1	2	1588
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	1	11	8	1	1	0	0	35	2	1	0	0	0	61
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 2024 REPORTING YEAR TOTAL	94	53	1550	162	998	8	9	44	817	99	487	2	2	10	4335
PRIOR 2023 REPORTING YEAR TOTAL	83	51	1592	161	959	8	10	39	834	103	473	2	2	14	4331
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID FD01560			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Arlington Virginia												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 901 North Stuart Street, Suite 100						CITY/TOWN ARLINGTON				STATE VA		ZIP CODE 22203			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	3	0	7	0	2	0	0	0	4	0	2	0	0	0	18
First/Mid-Level Officials and Managers	8	1	82	10	70	0	0	2	48	10	36	0	0	1	268
Professionals	19	11	81	23	72	0	0	9	50	17	55	0	0	1	338
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	0	4	0	0	0	1	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 2024 REPORTING YEAR TOTAL	30	12	170	33	144	0	0	11	102	31	93	0	0	3	629
PRIOR 2023 REPORTING YEAR TOTAL	28	10	176	34	138	0	1	12	110	26	93	0	0	3	631
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID FY69503			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME New York City 150 5th Avenue												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 150 5th Avenue						CITY/TOWN NEW YORK				STATE NY		ZIP CODE 10011			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1 <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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	2	2	17	0	8	0	0	1	5	3	3	0	0	0	41
First/Mid-Level Officials and Managers	35	22	196	24	180	0	0	7	155	20	95	1	1	13	749
Professionals	30	28	59	30	89	0	0	6	60	23	78	0	0	6	409
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	10	0	5	3	0	0	1	2	8	1	0	0	1	32
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 2024 REPORTING YEAR TOTAL	68	62	272	59	280	0	0	15	222	54	177	1	1	20	1231
PRIOR 2023 REPORTING YEAR TOTAL	68	55	274	65	259	0	0	13	204	45	171	1	1	17	1173
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601				EMPLOYER NAME MASTERCARD											
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HF72272				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME San Francisco Suite 1700 & 400											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 123 Mission Street, Suite 1700 & 400						CITY/TOWN SAN FRANCISCO				STATE CA		ZIP CODE 94105			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	5	0	0	0	0	0	2	0	0	0	11
First/Mid-Level Officials and Managers	4	1	30	2	56	2	1	3	11	0	25	0	0	2	137
Professionals	1	4	11	2	26	0	0	1	6	0	31	0	0	3	85
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	0	1	1	0	0	0	2
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 2024 REPORTING YEAR TOTAL	5	5	45	4	87	2	1	4	17	1	59	0	0	5	235
PRIOR 2023 REPORTING YEAR TOTAL	9	6	50	4	103	3	1	5	20	2	53	0	0	4	260
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HF72420			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Chicago Illinois												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1 S Dearborn, Suite 2100						CITY/TOWN CHICAGO				STATE IL		ZIP CODE 60603			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	12	0	3	0	0	0	4	1	4	0	0	1	26
Professionals	2	0	6	1	4	0	0	1	9	2	4	0	0	0	29
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	2	1	18	1	7	0	0	1	13	3	8	0	0	1	55
PRIOR 2023 REPORTING YEAR TOTAL	0	0	18	1	5	0	0	0	7	2	6	0	0	1	40
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JR73367			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Austin Texas Ethoca												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 10900 Stonelake Blvd, Building 2 Suite 100						CITY/TOWN AUSTIN				STATE TX		ZIP CODE 78759			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	2	11	0	4	0	0	0	1	2	0	0	0	0	20
Professionals	1	3	2	0	2	0	0	0	0	0	4	0	0	0	12
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	1	5	13	0	6	0	0	0	1	2	4	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	1	4	16	0	6	0	0	0	2	0	4	0	0	0	33
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JT53525			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Boston 225 Franklin St												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 225 Franklin St, 9th Floor						CITY/TOWN BOSTON				STATE MA		ZIP CODE 02110			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	1	44	2	14	0	0	0	30	1	4	0	0	1	98
Professionals	5	4	24	5	15	0	0	0	16	1	8	0	0	0	78
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	6	5	69	7	29	0	0	0	47	2	12	0	0	1	178
PRIOR 2023 REPORTING YEAR TOTAL	7	3	73	11	35	0	0	0	48	2	12	0	0	1	192
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KX00280			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Salt Lake City Utah Ascension Way												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 434 Ascension Way						CITY/TOWN SALT LAKE CITY				STATE UT		ZIP CODE 84123			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	3	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	5	2	78	1	28	1	0	4	24	0	10	0	1	2	156
Professionals	6	4	35	4	15	0	1	1	20	2	7	0	0	1	96
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	2	0	0	0	0	0	0	1	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	11	8	116	5	43	1	1	5	45	2	17	0	1	3	258
PRIOR 2023 REPORTING YEAR TOTAL	9	9	161	2	44	1	1	7	47	3	16	0	1	3	304
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PL53363			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Atlanta Georgia												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 675 Ponce De Leon Ave NE						CITY/TOWN ATLANTA				STATE GA		ZIP CODE 30308			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	1	1	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	3	0	5	8	15	0	0	0	8	4	2	0	0	0	45
Professionals	6	1	12	9	13	0	0	0	5	4	6	0	0	0	56
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	9	1	18	18	28	0	0	0	13	8	8	0	0	0	103
PRIOR 2023 REPORTING YEAR TOTAL	1	0	9	5	3	0	0	1	5	5	4	0	0	0	33
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PM50291			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Los Gatos California CipherTrace												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 140 Victory Lane						CITY/TOWN LOS GATOS				STATE CA		ZIP CODE 95030			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	0	0	15	1	2	0	0	3	4	0	4	0	1	0	30
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QM00233			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bentonville Arkansas												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 240 S Main St						CITY/TOWN BENTONVILLE				STATE AR		ZIP CODE 72712			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	1	2	0	0	0	0	0	4	0	0	0	0	1	8
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	0	1	6	0	0	0	0	0	4	0	0	0	0	1	12
PRIOR 2023 REPORTING YEAR TOTAL	0	1	7	0	0	0	0	0	3	0	0	0	0	1	12
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601				EMPLOYER NAME MASTERCARD											
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID RI31881				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Boston 101 Federal St											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 101 Federal Street, Suite 1900						CITY/TOWN BOSTON				STATE MA		ZIP CODE 02110			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID RI31890			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Rogers Arkansas												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5100 W JB Hunt Drive, Floor 2						CITY/TOWN ROGERS				STATE AR		ZIP CODE 72758			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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															
522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
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	0	0	0	0	0	0	0
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 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD															
12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID RI31901			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Seattle Washington												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1201 2nd Avenue, Suite 3600						CITY/TOWN SEATTLE				STATE WA		ZIP CODE 98101			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	6	2	29	1	13	1	0	4	26	2	12	0	0	1	97
Professionals	2	2	13	4	10	1	0	2	7	1	6	0	0	0	48
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	0	0	1	0	0	0	1
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 2024 REPORTING YEAR TOTAL	8	4	42	5	23	2	0	6	33	3	19	0	0	1	146
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID C021601			EMPLOYER NAME MASTERCARD												
ADDRESS 2000 PURCHASE STREET						CITY/TOWN PURCHASE				STATE NY		ZIP CODE 10577			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID T173122			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Miami Florida												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 801 Brickell Avenue						CITY/TOWN MIAMI				STATE FL		ZIP CODE 33131			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952536378															
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): CF68E8K1BAN1															
<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 checked="" 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 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities															
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	10	11	5	0	0	0	0	0	1	0	0	0	0	0	27
First/Mid-Level Officials and Managers	97	75	19	1	5	0	0	4	18	0	3	0	0	0	222
Professionals	14	18	2	0	1	0	0	1	1	1	3	0	0	0	41
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	5	0	1	0	0	0	0	1	0	0	0	0	0	7
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 2024 REPORTING YEAR TOTAL	121	109	26	2	6	0	0	5	21	1	6	0	0	0	297
PRIOR 2023 REPORTING YEAR TOTAL	129	131	36	4	7	0	0	5	29	1	5	0	0	0	347
SECTION I – WORKFORCE SNAPSHOT PERIOD 12012024 - 12312024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) na															