

**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 MW78474	EMPLOYER NAME Allogene Therapeutics Inc.			
ADDRESS 210 E Grand Ave	CITY/TOWN SOUTH SAN FRANCISCO	STATE CA	ZIP CODE 94080	

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)
823562771**

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

621511 - Medical Laboratories

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	10	2	1	4	0	1	6	0	0	4	0	0	28
First/Mid-Level Officials and Managers	5	4	13	0	1	17	0	3	15	1	0	21	0	2	82
Professionals	6	3	17	0	2	26	0	7	13	1	0	33	2	2	112
Technicians	2	0	0	0	0	1	0	0	0	0	0	1	0	0	4
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	2	0	0	1	0	0	1	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 2024 REPORTING YEAR TOTAL	13	7	41	2	4	50	0	11	35	2	0	60	2	4	231
PRIOR 2023 REPORTING YEAR TOTAL	14	7	51	2	69	4	0	11	55	4	86	0	3	8	314

**SECTION I – WORKFORCE SNAPSHOT PERIOD
10/7/2024 - 10/20/2024**

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
MW78474

EMPLOYER NAME
Allogene Therapeutics Inc.

ADDRESS
210 E Grand Ave

CITY/TOWN
SOUTH SAN FRANCISCO

STATE
CA

ZIP CODE
94080

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

5/29/2025 4:16 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Hanh Phan

Title of Certifying Official

Senior Manager, Human Resources

Email Address of Certifying Official

@allogene.com

Telephone Number of Certifying Official

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

Name of Primary POC

Hanh Phan

Title and Employer of Primary POC

Senior Manager, Human Resources
Allogene Therapeutics

Email Address of Primary POC

@allogene.com

Telephone Number of Primary POC

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