EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	ATIO	N REP	ORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ration Dat		
				ION A											
				ONSOL											
OFS COMPANY ID		SECT	TION B	– EMP	LOYE	R IDEN	TIFICA	TION OYER N	AME						
0292106								OYER N.							
ADDRESS								TY/TOW				STATE		ZIP CO	
1415 WYCKO								TOWN				NJ		0772	.7
SECTION C – H	EADQU	JARTE	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UAKIE	RS OR ES	SI ABLIS	HMENI	-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
	SECTI	ON D -	- EMPI		IDENT 210621		TION N	UMBE	R (EIN))					
		SECTION	ON E -				ELIGI	RHIT	7						
YES (Employer Is Eligibl										JO I ON	CFR I	N RIISI	NESS		
							SIGNAT				GERT	T DOSI	TTESS		
SE	CHON			tity ID (U				HON (I	т арриса	ioie)					
YES (Single-Establish	ment Em		_					tahlichn	nent Em	nlover is	Federa	1 Contra	ctor)		
LI YES	Headquarters is Federal Contractor)														
		\square Y	ES (On	e or Mo	re Non-	Headqu	arters Es	stablishr	nents is	Federal	Contra	ctor)			
							MATIO								
							of Natu								
	SE	CTION	N H – V	VORKE	ORCE		GRAPH								
	Hisp	onio					Race/E		y ic or La	otino					
	or La				М	ale	NOLI	поран	C OI L	atino	Fen	nale			
						<u> </u>	Ala						Ala		
							r A			ا _ ا			 		
				Black or African American			American Indian or Native			Black or African American			American Indian or Native		Row
JOB CATEGORIES		<u>0</u>	يو	ck or Afric American	_	-00	١٩	seo	o	or Jeri	u	123	뺼	Ses	Total
	Male	Female	White	or A eric	Asian	or Other Pacific Sands	= .	Two or More Races	White	Black or an Amer	Asian	Other Pacific Is	=	Two or More Races	
	2	略	<	X ¥	₹	- e	merican Native	· Mor	>	Bla	٧	- Officer	nerican Native	₽.	
				lac /			Na Per	O O		fic		P	Na Na	ō	
				ш		- 20	Æ	Τwc		₹		- 150 - 150	Æ	≱	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	10	7	13 96	1	6	0	0	0	4 50	8	1	0	0	0	20 180
Professionals	10	4	153	8	20	2	0	2	91	6	9	0	0	1	306
Technicians	0	0	27	2	0	0	0	0	2	0	0	0	0	0	31
Sales Workers	1	0	14	2	0	0	0	0	7	2	0	0	0	0	26
Administrative Support Workers	30	28	73	11	3	0	0	3	130	32	2	0	0	2	314
Craft Workers	43	3	305	37	3	0	0	6	12	1	0	0	0	0	410
Operatives	5	0	19 13	1	0	0	0	0	5	0	0	0	0	0	30 19
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	102	43	713	65	32	2	0	12	301	50	13	0	0	3	1336
·	1	1	1	1 1	i	i .	1		1	1 1		1 1	1 '		

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

Not Applicable

PRIOR 2021 REPORTING YEAR TOTAL

	MPLOYMENT OPPORTUNITY YER INFORMATION REPORT		OMB Co	andard Form 100 (SF 100) Revised 08/2023 ontrol Number: 3046-0049 ation Date: 08/31/2024
	SECTIONK - OFFICIAL CI	ERTIFICATION OF SUBMISSION	r	
	EMPLOYER	IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
ADDR	ESS	CITY/TOWN	STATE	ZIP CODE
	CERTIFICATION	N COMMENTS (optional)		
	CEDTIFICAT	TION STATEMENT		
"I certify that the information inc		data, provided in this report is correct	and true to the h	est of my knowledge
		ns set forth in the form and accompany		
Knowingly and will	Ifully false statements on this repo	ort are punishable by law, US Code, I	Fitle 18, Section	1001.
8.0		CERTIFICATION	,	
		2:11 PM [EST]		
N. CE. I		ERTIFYING OFFICIAL	c . O.c 1	
name of Employer	's Certifying Official	1 itie of Cer	tifying Official	
Email Address of	f Certifying Official	Telephone Numbe	r of Certifying Officia	al
PR	IMARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPOR	TING	
	Primary POC		yer of Primary POC	
		0292106		
		0202100		
Email Address	s of Primary POC	Telephone Num	ber of Primary POC	

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER I													ontrol Nui ration Dat	nber: 304	
			SECT	TON A	– TYPI	E OF RI	EPORT								
			H	EADQU	ARTE	RS REF	PORT								
		SECT	TION B	-EMP	LOYEI	R IDEN	TIFICA								
OFS COMPANY ID								OYER N							
0292106							GO CO	DRPOR	RATE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1415 WYCK	OFF RD						WALL	TOWN	ISHIP			NJ		0772	27
SECTION C - I	HEADQU	JARTE	RS OR	ESTAB	BLISHN	1ENT-I	LEVEL	IDENTI	IFICAT	TION (if	applical	ble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE.	RS OR ES	STABLIS	HMENT	LEVEL	NAME				
0292106							GO CO	ORPOR	RATE						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1415 WYCK	OFF RD						WALL	.TOWN	ISHIP			NJ		0772	27
	SECTI	ON D -	- EMPI	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN))					
		210621680													
		SECTION E – EMPLOYER FILING ELIGIBILITY to Eile													
XES (Employer Is Eligib	le to File)	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
SI	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
		Uni	ique En	tity ID (I	UEI): N	Not App	licable								
YES (Single-Establish	nment Em	ployer i	s Feder	al Contra	actor) 🗵	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
T YES	(Headan:	arters is	Federal	Contrac	etor) 🗖	YES (Non-Head	danarter	s Establ	ishment	is Feder	al Cont	ractor)		
125	(11euuque							-		Federal					
						_	MATIO		iiciits is	reuciai	Conua	(101)			
							of Natu								
	SF						GRAPH								
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or La	atino					
	or La	atino			M	ale					Fen	nale			
							Ala						Ala		
				_			6			⊑			5		
JOB CATEGORIES				Black or African American			American Indian or Native			Black or African American			American Indian or Native		Row
	<u>o</u>	Female	White	ck or Afric American	ᇣ	or Other Patito Istada	말	Two or More Races	White	Black or an Amer	an	18	밀	Two or More Races	Total
	Male	e.	₹	ie o	Asian	<u>2</u>	le a	ore	동	acl A	Asian	Other Pacific	le a	ore	
				ᇫ	`	7	nericar Native	_ <u>~</u>	-	E B	•	ㅎ ㅎ	nerican Native	٦٢	
				ä		:22	ع قِ ا	8		₩		遷	ع ق	0	
						遊	◀	–		`		墨	۹ ا	1	
Executive/Senior Level Officials and Managers	1	0	12	1	0	0	0	0	3	0	1	0	0	0	18
First/Mid-Level Officials and Managers	7	5	71	1	3	0	0	1	45	7	1	0	0	0	141
Professionals	8	4	118	5	17	1	0	2	79	4	9	0	0	1	248
Technicians	0	0	14	2	0	0	0	0	1	0	0	0	0	0	17
Sales Workers Administrative Support Workers	17	0 21	8 25	5	0	0	0	0	6 93	24	0	0	0	0	14 193

PRIOR 2021 REPORTING YEAR TOTAL

CURRENT 2022 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

No Remarks

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100)
Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

ZVZZ EMILECTEKT	1014.1		, 1121	0111 (LLO .		OTIE	12 1)				Expi	ration Dat	e: 08/31/	2024
				TON A -							•				
		CECT						TION							
OFS COMPANY ID		SECI	IONB	- EMP	LOYE	KIDEN	TIFICA	OYER N.	ΔME						
0292106								ORPOR							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1415 WYCK	FF RD						WALL	TOWN	ISHIP			NJ		0772	27
SECTION C - I	EADQU	JARTE	RS OR									ble)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	LEVEL	NAME				
JG89780							NJ	RAGMO	2						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
6849 Del Have	en Road						В	ANGO	₹			PA		1801	3
	SECTI	ON D -	- EMPI	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN))					
					210621										
<u>_</u>							ELIGI								
YES (Employer Is Eligible											GER I	N BUSI	NESS		
SE	CTION							TION (i	f applica	able)					
			-	tity ID (I											
YES (Single-Establish	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
Th ves	(Headaus	Headquarters is Federal Contractor)													
Lu Tes	(11cauqua					,		•					actor		
							arters Es		nents is	Federal	Contra	ctor)			
							MATIO								
	CE						of Natu GRAPH								
	<u>SE</u>	CHO	\ II - V	VOKKE	OKCE		Race/E								
	Hisp	anic						lispan		atino					
	or La				М	ale	NOU	nspan	le or La	atiiio	Fen	nale			
	J. 20					<u> </u>	Ala						Ala		
							Ā								
				au			American Indian or . Native			Black or African American			American Indian or Native		D
JOB CATEGORIES				Black or African American		.bu	la l	ç		rici			la	ς,	Row Total
	<u>e</u>	Female	White	ck or Afric American	Asian	or Other Pariic Istade	<u>ĕ</u>	Iwo or More Races	White	Black or an Amer	Asian	ic Sanda	<u> </u>	Two or More Races	TOLAI
	Male	e.	₹	or ner	۸si	- Se	le a	ore	₹	ac J A	Αsi	or Other Paditic	le a	ore	
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				ш		-55 -55	₹	≥		⋖		-55 -55	₹	≥	
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	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0 0 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	0	7	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

No Remarks

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

SECTION A - TYPE OF REPORT												
	ESTABLISH	MENT REPORT										
	SECTION B – EMPLO											
0292106		GO CORPORATE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1415 WYC	KOFF RD	WALL TOWNSHIP	NJ	07727								
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89756 HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LRECTAY												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 855 Smith County Rd. CITY/TOWN TAYLORSVILLE MS 39168												
			,									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
YES (Employer Is Elig	tible to File) 🗖 NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	ESS								
	Unique Entity ID (UE)	<u>I)</u> : Not Applicable										
YES (Single-Estable	lishment Employer is Federal Contracto	or) YES (Multi-Establishment Employer is Federal	eral Contracto	or)								
☐ YI	ES (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)								
	, , <u> </u>											
	SECTION G – NAICS INFORMATION											
	· · · · · · · · · · · · · · · · · · ·	nsportation of Natural Gas										
	SECTION H – WORKFOR	RCE DEMOGRAPHIC DATA										

							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or La				М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	lite been or Other Pasific bases	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik heen or Other Partic Sonte	American Indian or Ala 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	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
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	0	11	1	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2021 REPORTING YEAR TOTAL	0	0	9	1	0	0	0	0	0	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 08/31/2024												
		YPE OF REPORT										
		MENT REPORT										
	SECTION B – EMPLO	YER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
0292106		GO CORPORATE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1415 WYCKOFF RD WALL TOWNSHIP NJ 07727 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID GZ20627 WALLHS												
	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appli	cable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
GZ20627		WALLHS										
HEADQUARTERS OR ESTABLISH	IMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
		ENTIFICATION NUMBER (EIN) 621680										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
YES (Employer Is Elig	tible to File) 🗖 NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGER	R IN BUSINE	ESS								
		ACTOR DESIGNATION (if applicable)										
	Unique Entity ID (UE)											
YES (Single-Estab	lishment Employer is Federal Contracto	or) YES (Multi-Establishment Employer is Federal	eral Contracto	or)								
	ES (Headquarters is Federal Contractor	YES (Non-Headquarters Establishment is Fed	deral Contract	tor)								
		Non-Headquarters Establishments is Federal Con-	tractor)									
		ICS INFORMATION sportation of Natural Gas										

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicity	/						
	Hisp	anic					Not I	Hispan	ic or La	atino					
	or La	itino			M	ale		•			Fen	nale			ĺ
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ite beën or Other Pasific Series	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik hein our Other Pacific Sandr	American Indian or Ala Native	Two or More Races	Row Total
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	2	0	1	0	0	0	0	0	0	1	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	3	2	0	0	0	0	6
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	1	0	5	1	0	0	0	0	1	2	0	0	0	0	10
Administrative Support Workers	2	1	6	0	1	0	0	0	6	2	0	0	0	0	18
Craft Workers	7	0	63	8	1	0	0	1	0	0	0	0	0	0	80
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	5	0	12	1	0	0	0	0	0	0	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	17	1	91	10	2	0	0	1	10	7	0	0	0	0	139
PRIOR 2021 REPORTING YEAR TOTAL	13	1	90	12	2	0	0	2	10	4	0	0	0	0	134

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI LOTER	INFORMATION REPORT (EE	20-1 COMI ONENT 1)	Expiration	on Date: 08/31/2024							
		YPE OF REPORT MENT REPORT									
	SECTION R _ EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID	SECTION B - EMILEO	EMPLOYER NAME									
0292106		GO CORPORATE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
1415 WYC	KOFF RD	WALL TOWNSHIP	NJ	07727							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appli	cable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
GZ18402		MAUDE									
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1420 Wy	ckoff Rd	WALL	NJ	07727							
		DENTIFICATION NUMBER (EIN)									
		621680									
_		ER FILING ELIGIBILITY									
▼ YES (Employer Is Elig	gible to File) 🔲 NO (Employer Is Not)	Eligible to File)	t IN BUSINE	ESS							
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)										
	Unique Entity ID (UE)	I): Not Applicable									
TO VEC (Single Estab	lighment Employer is Federal Contracts	VES (Multi Establishment Employer is Fede	oral Contracto	(7.							

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

TYES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hisp	anic					Not I	- Hispan	ic or La	atino					
	or La				М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	lit keë or Ohe Pain keë	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik hada or Other Pacific Isande	American Indian or Ala 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	1	5	0	1	0	0	0	2	0	0	0	0	0	9
Professionals	1	0	11	3	1	0	0	0	2	0	0	0	0	0	18
Technicians	0	0	3	0	0	0	0	0	1	0	0	0	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	2	0	0	0	0	0	10	1	0	0	0	0	13
Craft Workers	10	0	79	15	0	0	0	2	2	0	0	0	0	0	108
Operatives	2	0	10	1	0	0	0	0	0	1	0	0	0	0	14
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	13	1	110	19	2	0	0	2	17	2	0	0	0	0	166
PRIOR 2021 REPORTING YEAR TOTAL	14	0	111	18	2	0	0	1	15	2	0	0	0	0	163

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	SECTION A - T	YPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0292106		GO CORPORATE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1415 WYC	KOFF RD	WALL TOWNSHIP	NJ	07727
	,	SHMENT-LEVEL IDENTIFICATION (if appli		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Е	
GZ96453		LNGEG		
HEADQUARTERS OR ESTABLISH	MENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
858 Lakewood F	Farmingdale Rd	HOWELL	NJ	07731
		ENTIFICATION NUMBER (EIN) 621680		
		ER FILING ELIGIBILITY		
				
YES (Employer Is Elig	tible to File) \(\bigcup \) NO (Employer Is Not \)	Eligible to File) EMPLOYER NO LONGER	R IN BUSINE	LSS
		ACTOR DESIGNATION (if applicable)		
	Unique Entity ID (UE)	<u>)</u> : Not Applicable		
YES (Single-Estable	lishment Employer is Federal Contracto	or) YES (Multi-Establishment Employer is Fede	eral Contracto	r)
□ YI	ES (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	tor)
	TYES (One or More I	Non-Headquarters Establishments is Federal Cont	ractor)	
		ICS INFORMATION		
	•	nsportation of Natural Gas		
	SECTION H - WORKFOR	PCE DEMOGRAPHIC DATA		

							Race/E	thnicity	/						
	Hisp	anic					Not I	Hispan	ic or La	atino					Ì
	or La				M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ite keër or Oher Pasiic kees	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik heen or Other Pacific Sorter	American Indian or Ala 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	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	1	0	7	1	0	0	0	0	1	0	0	0	0	0	10
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	0	7	1	0	0	0	0	1	0	0	0	0	0	10
								,							
PRIOR 2021 REPORTING YEAR TOTAL	1	0	6	1	0	0	0	0	1	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2022 EMPLOYER IN													Revised (ontrol Nur ation Date	mber: 304	
				ION A - STABLIS			EPORT PORT				·				
		SECT	ION B	-EMP	LOYE	R IDEN	TIFICA								
OFS COMPANY ID								OYER N							
0292106							GO CC	DRPOR	RATE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
1415 WYCKO	FF RD						WALL	TOWN	ISHIP			NJ		0772	27
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAB	LISHN	IENT-	LEVEL I	DENT	IFICAT	TION (if	applica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES			r-LEVEL	NAME				
PI89796							NJF	RRETA	IL						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1415 Wyckoff	Rd-4							WALL				NJ		0772	27
	SECTI	ON D -	· EMPI		IDENT 210621		TION N	UMBE	R (EIN))					
	5	SECTIO	ON E –	EMPLO	OYER	FILING	G ELIGI	BILITY	<i>l</i>						
YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Eligi	ble to F	ile) 🗖 I	EMPLO	YER N	NO LON	GER I	N BUSI	NESS		
SEC	CTION						SIGNAT	TION (i	fapplica	able)					
YES (Single-Establishr	nent Em		-	<u>tity ID (U</u> al Contra				tablishn	nent Em	nplover is	Federa	l Contra	ctor)		
The YES							•								
					′ —	,	uarters Es	•							
							RMATIO of Natu								
	SF						GRAPH								
			111 /	· OILIII	ORCE	DEMIC	Race/E								
	Hisp	anic							ic or L	atino					1
	or La				М	ale					Fen	nale			1
							Ala						Ala		
JOB CATEGORIES	<u>e</u>	ale	ite	African ican	an	fic skrier	Indian or	Races	ite	k or merican	an	ic Bande		Races	Row Total
	Male	Female	White	Black or African American	Asian	Ne khaia or Other Pazific Ishade	American Indian or Native	Two or More Races	White	Black or African American	Asian	lik Ibaia or Other Pacific Isanta	American Indian or 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	0	0	0	0	0	0	2	0	0	0	0	0	2
Protectorate		1 ()	1 7			1 ()	(1)	0	1 7	()		1 ()		. ()	1 7

PRIOR 2021 REPORTING YEAR TOTAL

CURRENT 2022 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

No Remarks

Technicians

Sales Workers

Craft Workers

Laborers and Helpers Service Workers

Operatives

Administrative Support Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	`	,	Expiration	on Date: 08/31/2024
	SECTION A - T	YPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
0292106		GO CORPORATE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
1415 WYC	KOFF RD	WALL TOWNSHIP	NJ	07727
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appli	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
JG89800		NJRMIDPOT		
HEADQUARTERS OR ESTABLISH	IMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
214 Shoema	ker Road-2	POTTSTOWN	PA	19464
		ENTIFICATION NUMBER (EIN)		
		621680		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
🔀 YES (Employer Is Elig	tible to File) 🗖 NO (Employer Is Not	Eligible to File)	R IN BUSINE	ESS
		ACTOR DESIGNATION (if applicable)		
	Unique Entity ID (UE)	<u>D</u> : Not Applicable		
YES (Single-Estab	lishment Employer is Federal Contractor	or) YES (Multi-Establishment Employer is Fede	eral Contractor	r)
T Y	ES (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	tor)
	TYES (One or More I	Non-Headquarters Establishments is Federal Con-	tractor)	
		ICS INFORMATION		
	•	nsportation of Natural Gas		
	SECTION H – WORKFOR	RCE DEMOGRAPHIC DATA		

Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female Ala American Indian or Ala American Indian or Native Black or African American Black or African American Row **JOB CATEGORIES** Total Female White le baie or Other Pacific Islander Two or More Races Two or More Races White Asian Asian Ne Vasia or Other Pacific Isaater Male Native Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2022 REPORTING YEAR TOTAL** PRIOR 2021 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	[ATIO]	N REF	PORT (EEO-1	COM	[PONE]	NT 1)					Control Nun iration Date			
							EPORT				I					
		CECT		STABLI				TION								
OFS COMPANY ID 0292106		SECI	IONB	-EMIP	LUYE	KIDEN	NTIFICA EMPL	OYER N	IAME							_
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE	1
SECTION C - H	FADOI	IADTE	DS OD	ECTAE	DI ICHA	/ENT	IEVEL	IDENT	IEICAT	TION (if	onnline	hla)				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS OK	LSIAL	HEAD(UARTE	ERS OR ES	STABLIS	SHMENT	LEVEL	NAME	ioie)				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE	
	SECTI	ON D -	- EMPI	LOYER	IDEN	ΓΙΓΙCA	TION N	UMBE	R (EIN)						
YES (Employer Is Eligibl	e to File)	SECTION NO	ON E – (Emple	EMPLO oyer Is N	OYER Not Eligi	FILING	G ELIGI	BILITY EMPLO	Y OYER N	NO LON	GERI	N BUS	INESS			
		F – FE	DERA		TRACT		ESIGNA				<u> </u>	d Olva				
YES (Single-Establish							•						· ·			
T YES	(Headqu						Non-Hea uarters E	-					tractor)			
							RMATIO			1000101						
	SE	ECTION	N H – V	VORKE	ORCE	DEMO	GRAPH									
	Hisp	anic					Race/E		y nic or L	atino					_	
	or La	atino			М	ale					Fer	nale				
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	lie kein or Other Panic kaner	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik Ikain or Other Pacific Isanie	American Indian or Ala Native	Two or More Races	Row Total	1415 WY
Executive/Senior Level Officials and Managers	0															
First/Mid-Level Officials and Managers Professionals	0															_
Technicians Sales Workers	0															-
Administrative Support Workers	0															_
Craft Workers Operatives	<u>d</u>															_
Laborers and Helpers)								X							
Service Workers CURRENT 2022 REPORTING YEAR TOTAL	1															
0																
U	0 0	SECTIO	DN I – V	VORKI	FORCE	SNAP	SHOT P	ERIOI)							1
SECTION	- H ₀ EA	DQUA	RTER	SORES	STABL	SHME	NT-LEV	EL CO	OMMEN	NTS (opt	ional)					
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OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT

	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	YER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
0292106		GO CORPORATE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
1415 WYC	O292106 GO CORPORATE ADDRESS CITY/TOWN STATE ZIP CODE 1415 WYCKOFF RD WALL TOWNSHIP NJ 07727 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)		07727									
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appli	cable)									
OFS COMPANY ID OFS CO												
JG89701	SECTION B - EMPLOYER IDENTIFICATION COMPANY ID D292106 ADDRESS ADDRESS CITY/TOWN STATE SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LRECHOU DQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2500 City West Blvd1 HOUSTON TX 77042											
HEADQUARTERS OR ESTABLISH	OFS COMPANY ID OFS CO											
OFS COMPANY ID OFS CO												
	SECTION D – EMPLOYER ID	ENTIFICATION NUMBER (EIN)										

210621680

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)

TES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

486210 - Pipeline Transportation of Natural Gas

SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicity	,						
	Hisp	anic					Not I	Hispan	ic or La	atino					
	or La				M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ite keen or Other Pasific keeler	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik hein or Other Pacific Kente	American Indian or Ala 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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	1	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 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2021 REPORTING YEAR TOTAL	0	0	2	0	1	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2022 - 10/22/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	COM	1PONE	NT 1)					Control Nur iration Date			
				TION A			EPORT PORT									
		SECT	TION B	- EMP	LOYE	R IDEN	NTIFICA	TION								\dashv
OFS COMPANY ID 0292106		SEC	10112	<u> </u>	LOIL	KIDE:		OYER N	IAME							
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CO	DDE	
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-	LEVEL	IDENT	IFICA	ΓΙΟΝ (if	applica	ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE	ERS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CO	DDE	
							ATION N)			'			
YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to I		EMPL(OYER I		GER I	N BUS	INESS			
SI	ECTION					OR DI	ESIGNA	ΓΙΟΝ (i	if applic	able)						
YES (Single-Establish		ıployer i	s Feder		ctor)											
T YES	(Headqua						Non-Hea uarters E	-					tractor)			
							RMATIO		inents i	, reactur	Contra					
	SF	ECTION	N H – V	VORKF	ORCE	DEMO	OGRAPI Race/E									
	Hisr	anic							ic or L	atino					1	
	or La				M	ale					Fer	male				
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ite ikwin or Other Paziic Ishada	American Indian or Ala Native	Two or More Races	White	Black or African American	Asian	lik hein or Other Parlic Israte	American Indian or Ala Native	Two or More Races	Row Total	1415 V
Executive/Senior Level Officials and Managers	0															
First/Mid-Level Officials and Managers Professionals	0															-
Technicians	0															╛
Sales Workers Administrative Support Workers Craft Workers	0															
Operatives	d															\dashv
Laborers and Helpers	0								X							\exists
Service Workers	0															
CURRENT 2022 REPORTING YEAR TOTAL	.0															
0		SECTIO	DN I – V	WORKI	ORCE	E SNAP	SHOT P	ERIOI)							
SECTION		DQUA	RTER	S OR ES	TABL	ISHME	ENT-LEV	EL CC	OMME	NTS (opt	ional)					1
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EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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			SECT	ION A	– TYPI	E OF R	EPORT								
			ES	STABLIS	SHME	NT REF	PORT								
		CECT					TIFICA	TION							
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	KIDEN		OYER NA	AME						
0292106							GOCC	DRPOR	AIE						
ADDRESS							CI	TY/TOW	'N			STATE		ZIP CO	DE
1415 WYCK	DEE BD						\Λ/ΔΙΙ	TOWN	ISHIP			NJ		0772	7
														0772	
SECTION C - I	IEADQU	ARTE	RS OR									ole)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES			-LEVEL	NAME				
JG87481							NJF	RMIDG	C						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	'N			STATE		ZIP CO	DE
1415 Wycko							-	WALL				NJ		0772	
1415 VVyCKC												140		0112	. /
	SECTI	ON D -	- EMPI				TION N	UMBEI	R (EIN)	1					
					210621										
	5	SECTION	ON E –	EMPLO	OYER	FILING	ELIGI	BILITY	7						
YES (Employer Is Eligib	e to File)	l⊟ NO	(Emple	over Is N	lot Eligi	ble to F	ile) 🗇	EMPLO	YER N	O LON	GER II	N BUST	NESS		
											02111		. 1200		
Si	CTION							HON (11	applica	ible)					
			_	tity ID (U											
☐ YES (Single-Establish	ment Em	ployer i	s Feder	al Contra	ictor) 🗵	YES (Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
T YES	ΔII		F- 41	C	4\	VEC O	II	1	- T-4-1-1	: -1 4	:- T-J	-1.0			
LIII YES	(Headqua	arters is	rederai	Contrac	tor) 🗀	YES (I	Non-Head	iquarters	s Estabi	isnment	is reder	ai Contr	actor)		
		$\square Y$	ES (On	e or Mo	re Non-	Headqu	arters Es	stablishn	nents is	Federal	Contrac	ctor)			
		S	ECTIO	NG-N	NAICS	INFOR	MATIO	N							
							of Natu								
	SE						GRAPH								
	1						Race/E								
	Hisp	onio	1						·	ntino					
	or La				М	ale	NOLI	lispan	IC OF L	aumo	Fon	nale			
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							Ala						Ala		
				_			American Indian or Native			_			American Indian or Native		
IOD CATECODIES				Black or African American			a			Black or African American			ᇣ		Row
JOB CATEGORIES		<u>o</u>	a a	ck or Afric American	_	- 12	₫	ses	a a	o e	_	擅	<u>≅</u>	Ses	Total
	Male	Female	White	돈은	Asian	kwain or Other Pasific stands	-	Two or More Races	White	Black or	Asian	Pacific Isandr	=	Two or More Races	
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						-20 -20	₹	≱		⋖		-55	₹	≱	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
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	0	0	0	0	0	0	0	1	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OCIVIOC VVOINGIS	U U	U U	U U	U	·		, v	v		, v	U	U U	ı v	U	· ·

SECTION I – WORKFORCE SNAPSHOT PERIOD

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10/9/2022 - 10/22/2022

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

No Remarks

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

0

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN													Control Nur ration Date	nber: 30		
				TON A STABLI			EPORT PORT				'					
		SECT	TON B	- ЕМР	LOYE	R IDEN	NTIFICA	TION								
OFS COMPANY ID 0292106							EMPL	OYER N	AME							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
SECTION C - H	EADOL	JARTE	RS OR	ESTAE	LISHN	IENT-	LEVEL	IDENT	IFICAT	ION (if	applica	ble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID							ERS OR ES					,				1
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE	
	SECTI	ON D -	- EMPl	LOYER	IDENT	ΓΙΓΙCA	TION N	UMBE	R (EIN))						_
YES (Employer Is Eligible							G ELIGI			O LON	GERI	N BUŞI	NESS			
		F – FEI	DERA		RACT		ESIGNA				JCOR	<u> PURA</u>	16			
YES (Single-Establish	ment Em			-		YES	(Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	actor)			
T YES	Headqu							-					ractor)			
							uarters E		nents is	Federal	Contra	ctor)				-
	SF	CTION	NH-V	VORKF	ORCE	DEMO	GRAPE									
	L						Race/E									
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EEOC Standard Form 100 (SF 100) Revised 08/2023

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EEOC Standard Form 100 (SF 100) Revised 08/2023

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EEOC Standard Form 100 (SF 100) Revised 08/2023

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