

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
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) 210621680															
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): UNAVAILABLE <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 486210 - Pipeline Transportation of Natural Gas															
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	0	14	1	0	0	0	0	4	0	1	0	0	0	22
First/Mid-Level Officials and Managers	11	7	97	2	6	0	0	1	53	8	1	0	0	0	186
Professionals	10	4	153	9	22	2	0	3	92	8	13	0	0	2	318
Technicians	0	0	35	3	0	0	0	0	3	0	0	0	0	0	41
Sales Workers	2	0	15	2	0	0	0	0	3	2	0	0	0	0	24
Administrative Support Workers	28	30	78	9	3	0	0	2	124	28	2	0	0	2	306
Craft Workers	47	2	304	40	3	0	0	6	19	0	0	0	0	0	421
Operatives	3	1	19	2	0	0	0	0	4	1	0	0	0	0	30
Laborers and Helpers	4	0	13	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 2024 REPORTING YEAR TOTAL	107	44	728	69	34	2	0	12	302	47	17	0	0	4	1366
PRIOR 2023 REPORTING YEAR TOTAL	102	46	717	66	33	3	0	12	303	50	13	0	0	4	1349
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
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 0292106		EMPLOYER NAME GO CORPORATE		
ADDRESS 1415 WYCKOFF RD		CITY/TOWN WALL TOWNSHIP	STATE NJ	ZIP CODE 07727
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				
5/28/2025 12:19 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Joseph Fischetti		Title of Certifying Official Director, HR Operations		
Email Address of Certifying Official jfischetti@njresources.com		Telephone Number of Certifying Official 732-938-1000		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Joseph Fischetti		Title and Employer of Primary POC Director, HR Operations NJ Resources		
Email Address of Primary POC jfischetti@njresources.com		Telephone Number of Primary POC 732-938-1000		

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SECTION A – TYPE OF REPORT HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
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ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID 0292106			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GO Corporate												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd					CITY/TOWN WALL				STATE NJ		ZIP CODE 07727				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	0	12	1	0	0	0	0	4	0	1	0	0	0	20
First/Mid-Level Officials and Managers	7	5	70	2	4	0	0	1	47	7	1	0	0	0	144
Professionals	9	3	126	6	20	2	0	3	77	6	13	0	0	2	267
Technicians	0	0	17	3	0	0	0	0	2	0	0	0	0	0	22
Sales Workers	1	0	8	0	0	0	0	0	2	0	0	0	0	0	11
Administrative Support Workers	14	22	27	4	1	0	0	1	92	22	2	0	0	2	187
Craft Workers	1	0	1	0	0	0	0	0	3	0	0	0	0	0	5
Operatives	1	1	5	0	0	0	0	0	4	0	0	0	0	0	11
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	35	31	266	16	25	2	0	5	231	35	17	0	0	4	667
PRIOR 2023 REPORTING YEAR TOTAL	33	33	257	14	23	1	0	5	233	36	13	0	0	4	652
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID G024072			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AHEG												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 10 W Lincoln Ave					CITY/TOWN ATLANTIC HIGHLANDS				STATE NJ		ZIP CODE 07716				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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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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	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	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	3	0	22	3	1	0	0	1	4	0	0	0	0	0	34
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	3	0	22	3	1	0	0	1	4	0	0	0	0	0	34
PRIOR 2023 REPORTING YEAR TOTAL	4	0	23	2	1	0	0	1	3	0	0	0	0	0	34
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
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ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID G024083			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LKWD												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 775 Vassar Avenue					CITY/TOWN LAKEWOOD				STATE NJ		ZIP CODE 08701				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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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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	3	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	5	0	0	0	0	0	0	2	0	0	0	0	7
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	4	2	21	2	0	0	0	1	10	2	0	0	0	0	42
Craft Workers	7	1	66	9	1	0	0	2	9	0	0	0	0	0	95
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	12	3	95	11	1	0	0	3	21	2	0	0	0	0	148
PRIOR 2023 REPORTING YEAR TOTAL	12	4	100	12	1	0	0	3	17	3	0	0	0	0	152
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
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ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ18360			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRHS												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 403 Richards Ave					CITY/TOWN DOVER				STATE NJ		ZIP CODE 07801				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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	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	2	0	13	0	0	0	0	0	0	0	0	0	0	0	15
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	14	0	0	0	0	0	0	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	2	0	14	0	0	0	0	0	0	0	0	0	0	0	16
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
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OFS COMPANY ID 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ18382			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME ASPCS												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 633 Lake Avenue						CITY/TOWN ASBURY PARK				STATE NJ		ZIP CODE 07712			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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	Hispanic or Latino		Not Hispanic or Latino												
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	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	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	1	0	0	0	0	0	0	1	1	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	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
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HQ/ESTABLISHMENT-LEVEL UNIT ID GZ18402				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME MAUDE											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1420 Wyckoff Rd						CITY/TOWN WALL				STATE NJ		ZIP CODE 07727			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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Unique Entity ID (UEI): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	1	1	4	0	1	0	0	0	3	0	0	0	0	0	10
Professionals	0	0	6	3	1	0	0	0	5	0	0	0	0	0	15
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	3	0	0	0	0	0	10	1	0	0	0	0	14
Craft Workers	11	0	83	16	0	0	0	1	2	0	0	0	0	0	113
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 2024 REPORTING YEAR TOTAL	14	1	109	20	2	0	0	1	21	2	0	0	0	0	170
PRIOR 2023 REPORTING YEAR TOTAL	14	1	110	20	2	0	0	2	17	2	0	0	0	0	168
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ18468			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME MANA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 878 N Main St					CITY/TOWN MANAHAWKIN				STATE NJ		ZIP CODE 08050				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	1	0	13	1	1	0	0	0	2	0	0	0	0	0	18
Craft Workers	0	0	20	0	0	0	0	0	0	0	0	0	0	0	20
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	0	33	1	1	0	0	0	2	0	0	0	0	0	38
PRIOR 2023 REPORTING YEAR TOTAL	1	0	29	1	0	0	0	0	5	0	0	0	0	0	36
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ20553			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PENAL												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 835 Hamilton Street, 8th Floor					CITY/TOWN ALLENTOWN				STATE PA		ZIP CODE 18101				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	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	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ20627			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME WALLHS												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5008 Belmar Blvd					CITY/TOWN FARMINGDALE				STATE NJ		ZIP CODE 07727				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	3	1	0	0	0	0	7
Professionals	0	0	3	0	0	0	0	0	3	2	0	0	0	0	8
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	1	0	6	1	0	0	0	0	1	2	0	0	0	0	11
Administrative Support Workers	2	2	6	0	1	0	0	0	5	1	0	0	0	0	17
Craft Workers	9	0	64	9	1	0	0	1	0	0	0	0	0	0	84
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	4	0	12	1	0	0	0	0	0	0	0	0	0	0	17
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	18	2	96	11	2	0	0	1	12	6	0	0	0	0	148
PRIOR 2023 REPORTING YEAR TOTAL	17	1	90	10	2	0	0	1	10	7	0	0	0	0	138
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ96453			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LNGEG												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 858 Lakewood Farmingdale Rd					CITY/TOWN HOWELL				STATE NJ		ZIP CODE 07731				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	0	0	8	1	0	0	0	1	1	0	0	0	0	0	11
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	8	1	0	0	0	1	1	0	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	1	0	7	1	0	0	0	0	1	0	0	0	0	0	10
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG87481			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRMIDGO												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 855 Smith County Road					CITY/TOWN TAYLORSVILLE				STATE MS		ZIP CODE 39168				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	4	0	0	0	0	0	0	1	0	0	0	0	5
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	7	0	0	0	0	0	1	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG87501			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRMIDTX												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2500 City West Blvd., NJR Midstream						CITY/TOWN HOUSTON				STATE TX		ZIP CODE 77042			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	4	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	4	0	1	0	0	0	1	0	0	0	0	0	6
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	9	0	1	0	0	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	0	1	4	0	1	0	0	0	1	0	0	0	0	0	7
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG87853			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRAPOT												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 214 Shoemaker Road					CITY/TOWN POTTSTOWN				STATE PA		ZIP CODE 19464				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	5	0	0	0	0	0	1	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	1	0	0	0	0	1	0	0	0	0	0	7
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89701			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LRECHOU												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2500 City West Blvd.					CITY/TOWN HOUSTON				STATE TX		ZIP CODE 77042				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89756			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LRECTAY												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 855 Smith County Rd.					CITY/TOWN TAYLORSVILLE				STATE MS		ZIP CODE 39168				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	0	0	10	1	0	0	0	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	0	0	10	1	0	0	0	0	1	0	0	0	0	0	12
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89780			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRAGMC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 6849 Del Haven Road					CITY/TOWN BANGOR				STATE PA		ZIP CODE 18013				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	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	0	0	0	0	0	0	0
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89800			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRMIDPOT												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 214 Shoemaker Road, NJR Midstream					CITY/TOWN POTTSTOWN				STATE PA		ZIP CODE 19464				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	3	0	0	0	0	0	0	0	0	0	0	0	3
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	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106				EMPLOYER NAME GO CORPORATE											
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KW97642				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRAGMH											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1111 WestRidge Road, P O Box 1048						CITY/TOWN LINWOOD				STATE PA		ZIP CODE 19061			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	3	0	0	0	0	0	0	0	0	0	0	0	3
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106				EMPLOYER NAME GO CORPORATE											
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KW99365				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRAGSAL											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 55 Cressman Road						CITY/TOWN TELFORD				STATE PA		ZIP CODE 18969			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): Not Applicable															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	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	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	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID L256760			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME ROCK												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 201 Round Hill Drive						CITY/TOWN ROCKAWAY				STATE NJ		ZIP CODE 07866			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE <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 486210 - Pipeline Transportation of Natural Gas															
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	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	1	1	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	7	3	8	2	0	0	0	0	1	1	0	0	0	0	22
Craft Workers	14	1	20	2	0	0	0	0	0	0	0	0	0	0	37
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	21	4	30	5	0	0	0	0	1	1	0	0	0	0	62
PRIOR 2023 REPORTING YEAR TOTAL	17	5	31	4	0	0	0	0	1	1	0	0	0	0	59
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PI89822			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME SAFETYTOWN												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 401 Fairfield Rd.					CITY/TOWN FREEHOLD				STATE NJ		ZIP CODE 07728				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	1	1	4	0	0	0	0	0	0	1	0	0	0	0	7
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	1	6	0	0	0	0	0	1	0	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	1	0	6	0	0	0	0	0	1	0	0	0	0	0	8
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QB86970			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRRETAIL												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd, Retail						CITY/TOWN WALL				STATE NJ		ZIP CODE 07727			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	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	0	0	0	0	0
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	3	0	0	0	0	4
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QB86988			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME WALLGOIT												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd, GO IT						CITY/TOWN WALL				STATE NJ		ZIP CODE 07727			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	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	0	0	0	0	0
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	1	1	0	0	0	0	0	0	0	0	6
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QB86997			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME WALLNJNGBD												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd, NJNG					CITY/TOWN WALL				STATE NJ		ZIP CODE 07727				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	0	0	1	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	1	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	1	0	1	0	0	0	1	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD						CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QB91610			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRRETAIL												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd, NJR Retail						CITY/TOWN WALL				STATE NJ		ZIP CODE 07727			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	0	0	0	0	0	0	0
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments															

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 0292106			EMPLOYER NAME GO CORPORATE												
ADDRESS 1415 WYCKOFF RD					CITY/TOWN WALL TOWNSHIP				STATE NJ		ZIP CODE 07727				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QB91628			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME WALLGOIT												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1415 Wyckoff Rd, Wall GO IT					CITY/TOWN WALL				STATE NJ		ZIP CODE 07727				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680															
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): UNAVAILABLE															
<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 486210 - Pipeline Transportation of Natural Gas															
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	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	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	0	0	0	0	0
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	1	1	0	0	0	0	0	0	0	0	6
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/2/2024 - 12/15/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															