U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Da	08/2023 mber: 30	
				FION A				1							
		SECT	TION E	B – EMF	PLOYE	R IDEN									
OFS COMPANY ID 0292106								OYER N							
ADDRESS								ITY/TOV				STATE		ZIP CO	DDE
1415 WYCKO												NJ		077	27
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	<u>RS OR</u>	ESTAR	BLISHN HEADQ	<b>IENT-I</b> UARTE	LEVEL RS OR E	IDENT STABLIS	TIFICA' SHMEN	<mark>ΓΙΟΝ</mark> (i Γ-LEVEL	f applica NAME	able)			
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				С	ITY/TOV	WN			STATE		ZIP CO	)DE
	SECTI	ON D -	EMP	LOYER	IDEN1 210621		TION	NUMBE	CR (EIN	)					
X YES (Employer Is Eligible				EMPL	OYER	FILING					NCED	IN RUS	INFSS		
			_	L CON	-						IGEN	IN DUS			
SEA				tity ID (					n appire	aute)					
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (	Multi-E	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		X Y	ES (O	ne or M	ore Non	-Headqu	uarters I	Establish	nments i	s Federa	l Contra	actor)			
		4862	10 - Pi	<b>)N G –</b> I ipeline	Transpo	ortation	of Nati	ural Ga	S						
	SE	CTION	N H – V	VORKE	ORCE										1
	Hier	anic	1					Ethnicit Hispar		atino					-
		atino			М	lale	NOL	пэра		auno	Fer	nale			-
				u		n or nder	o c	ces		an		n or nder	o d	ces	
JOB CATEGORIES	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 First/Mid-Level Officials and Managers	2 11	0 7	14 97	1 2	6	0	0	1	4 53	0 8	1	0	0	0	186
Professionals	10	4	153	9	22	2	0	3	92	8	13	0	0	2	318
Technicians Sales Workers	0	0	35 15	3 2	0	0	0	0	3	0	0	0	0	0	41 24
Administrative Support Workers	28	30	78	9	3	0	0	2	124	28	2	0	0	2	306
Craft Workers Operatives	47 3	2	304 19	40 2	3	0	0	6 0	19 4	0	0	0	0	0	421 30
Laborers and Helpers	4	0	13	1	0	0	0	0	0	0	0	0	0	0	18
Service Workers CURRENT 2024 REPORTING YEAR TOTAL	0 107	0 44	0 728	0 69	0 34	0 2	0	0 12	0 302	0 47	0 17	0	0	0	0 1366
PRIOR 2023 REPORTING YEAR TOTAL	102	46	717	66	33	3	0	12	303	50	13	0	0	4	1349
				WORK	FORCI		SHOT								
SECTION J Not Applicable	– HEA	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL E 2024 EMPLOY	MPLOYMENT OPPORTUNITY YER INFORMATION REPORT	Y COMMISSION (EEOC) (EEO-1 COMPONENT 1)	OMB Co	andard Form 100 (SF 100) Revised 08/2023 ontrol Number: 3046-0049 ation Date: 11/30/2026
	SECTION K – OFFICIAL C	ERTIFICATION OF SUBMISSION		
	EMPLOYER	IDENTIFICATION		
OFS COMPANY ID 0292106		EMPLOYER NAME GO CORPORATE		
ADDR	ESS	CITY/TOWN	STATE	ZIP CODE
1415 WYC	CKOFF RD	WALL TOWNSHIP	NJ	07727
	CERTIFICATION	N COMMENTS (optional)		
No Certification Comments Provide	εu			
and was prepa	luding any workforce demographic ured in conformity with the directio	FION STATEMENT data, provided in this report is correct ns set forth in the form and accompanyi ort are punishable by law, US Code, T	ing instructions.	"
		CERTIFICATION 12:19 PM [EST]		
		ERTIFYING OFFICIAL		
Name of Employer	r's Certifying Official		ifying Official	
	Fischetti	Director, HR		
Email Address of	f Certifying Official	Telephone Number	of Certifying Offici	al
jfischetti@njr	resources.com	732-93	8-1000	
PRI	MARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPOR	TING	
	Primary POC		er of Primary POC	
	Fischetti	Director, HR NJ Res	Operations	
Email Address	s of Primary POC		ber of Primary POC	
	resources.com	732-93	-	

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Da	08/2023 mber: 30	46-0049
				FION A EADQU				•				1			
		SECT		B – EMF				ATION							
OFS COMPANY ID		BECI		) — EMI	LUIL	K IDEA		.OYER N	IAME						
0292106							GO C	ORPOF	RATE						
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALI		<b>NSHIP</b>			NJ		0772	27
	EADQU	ARTE	RS OR	ESTAF	BLISHN	/IENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applic	able)			
0292106					HEADQ	UARTE	GO	Corpor	ate	F-LEVEL	NAME				
		/EL ADI	ORESS				С					STATE			
,		ON D -	- EMP	LOYER	IDEN	FIFICA	TION			)		NJ		0772	27
				:	210621	680				·					
<b>YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
SEC	CTION	F – FE	DERA	L CON	<b>FRACT</b>	OR DE	SIGNA	TION (	if applic	able)					
<b>VES</b> (Single Establishm	ont Emr		-		<u>e</u>	-			oont Em	nlover is	Federa	l Contra	ctor)		
	-														
YES (F	leadqua							-					actor)		
		S	ECTIO	DNG-1	NAICS	INFOR	MATIO	DN		s redera	I Conu	actor)			
	SF														
					01102										
	1415 WYCKOFF RD     WALL TOWNSHIP     NJ     07727       SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEYEL IDENTIFICATION (if applicable)       VESTABLISHMENT-LEVEL UNT ID     HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME     GO Corporat       STATE     GO Corporat       HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME       0292106       HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS       CITY/TOWN     STATE     ZIP CODE       1415 Wyckoff Rd     WALL     NJ     07727       SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)       210621880       SECTION F - EMPLOYER FILING ELIGIBILITY       SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)       Unique Entity DI (UE): UNAVAULABLE       Dirigite Entity DI (UE): UNAVAULABLE       IPES (Single-Establishment Employer is Federal Contractor)       SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)       Unique Entity DI (UE): UNAVAULABLE       IPES (Single-Establishment Employer is Federal Contractor)       SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)       Unique Entity DI (UE): UNAVAULABLE       IPE (MEADQUARTER'S Stablishment Employer is Federal Contractor)       SECTION F - NAICS INFORMATION														
	or La	atino			M	ale		1			Fer	male	1		-
				_		or der	'n	s		-		or der	5	Se	
				can		an e	an ive	lace		ical		an (	an	Raci	Row
JOB CATEGORIES	e	ale	te	Afri	an	vaii c Is	Indi Nati	reF	te	r or	an	vaii c Is	Indi Nati	reF	Total
	Ма	em	Whi	ner	Asia	Havacifi	an ska	β	Whi	lacl n A	Asia	Havacifi	an ika	ъ	
		"	-	Ar		ive r P	las	oor	-	rica B		i ve	eric	o	
				B		Nat	Am 4	Ť		Af		Nat	Am 4	Ť	
						0						0			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	0	12 70	1	0	0	0	0	4 47	0	1	0	0	0	20 144
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 Craft Workers	14 1	22 0	27 1	4	1	0	0	1 0	92 3	22 0	2 0	0	0	2	187 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
	2	SECTIO	ON I –	WORK 12/2/2		E SNAP 2/15/20		PERIO	D						
SECTION J No Comments	– HEA	DQUAI	RTERS	S OR ES	TABLI	SHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF R						Linpi			2020
		SECT				R IDEN									
OFS COMPANY ID 0292106					-		EMPL	OYER N							
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAR	BLISHN	MENT-I	LEVEL	IDENT	IFICA'	FION (i	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID G024072					HEAD	QUARTE		STABLIS AHEG	SHMEN	I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	FL ADI	DRESS					ITY/TOV	VN			STATE		ZIP CO	DE
10 W Lincolr		LLADI	JILLOS			A				os		NJ		077 <sup>-</sup>	
	SECTI	ON D -	- EMPI		IDEN 210621	FIFICA	TION N	NUMBE	R (EIN	)					
<b>X YES</b> (Employer Is Eligible						FILING					NGER	IN BUS	INESS		
				-		OR DE									
		Un	ique Er	ntity ID (	<u>UEI)</u> :	UNAVA	ILABLE								
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (F	Ieadqua	rters is	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
						n-Headqu			ments i	s Federa	l Contra	actor)			
						INFOR ortation									
	SE					DEMO									
								thnicit							
		anic atino			N	lale	Not	Hispar	ic or L	atino	Fer	nale			-
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JOB CATEGORIES				rica		iian slar	lian tive	Rac		aric:		iian slar	lian tive	Rad	Row
	Male	Female	White	r Af	Asian	awa ific I	n Inc	ore	White	Black or an Amer	Asian	awa ific I	n Inc	ore	Total
	Σ	Fer	≥	Black or African American	As	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	N	Black or African American	As	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				Blac		ative Der F	mer Ala	0 0		\fric		ative Der F	mer Ala	v o c	
				-		ΰđ	Ā	₽		4		έš	Ā	Ļ	
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 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 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 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
	S	SECTI	ON I –			E SNAP 2/15/20		PERIO	D						
SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT				R IDEN									
OFS COMPANY ID		<u>ble</u>			LUIL		EMPL	OYER N							
0292106							GO C	ORPOF	RATE						
ADDRESS							C	ITY/TOW	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	'IFICA'	<b>ΓΙΟΝ</b> (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE	RS OR E	STABLIS	SHMENT	-LEVEL	NAME				
G024083								LKWD							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	ORESS				C	ITY/TOW	VN			STATE		ZIP CC	DDE
775 Vassar A	venue						LA	KEWO	OD			NJ		087	01
	SECTI	ON D -	- EMPI		IDEN' 210621	TIFICA 1680	TION N	IUMBE	R (EIN	)					
<b>X YES</b> (Employer Is Eligible						FILING				NO LOI	NGER	IN BUSI	INESS		
				•		FOR DE									
						UNAVA			n uppne	uoie)					
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
¥ YES (F															
	icauqua							-					actor)		
						n-Headqu INFOR			iments i	s Federa	I Contra	actor)			
						ortation			S						
	SE					C DEMO									-
							Race/E								
		anic atino			N	lale	Not	Hispan	nic or L	atino	For	nale			
					IV						rei				-
				_		or der	ъ	S		- I		r der	5	Se	
				can		an	an	lac		ical		an	an	tac	Row
JOB CATEGORIES	e	ale	e	ck or Afric American	Ē	/aii	ndi Vati	e F	ē	or	Ę	vaii c Is	ndi Vati	e F	Total
	Male	Female	White	or /	Asian	Lav	an I ƙa N	Mo	White	Black or an Amer	Asian	Lav	an I ka N	Mol	
		щ	>	Black or African American	4	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	>	Black or African American	4	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				Bla		lativ	AI	Ň		Afri		lati	AI	wo	
						zğ	٩	Ĥ				zŏ	4	Ĥ	
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 Technicians	0	0	5 0	0	0	0	0	0	2 0	0	0	0	0	0	7
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 Operatives	7	1	66 0	9 0	1 0	0	0	2	9 0	0	0	0	0	0	95 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				3	17	3	0	0	0	0	152
	2	SECIN	UNI-			E SNAP 2/15/20		PERIO	U						
SECTION J	– HEAI	DQUAI	RTERS	OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
						E OF R									
		SECT	TION E	B – EMP	PLOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID 0292106							EMPL	OYER N							
ADDRESS							C	TY/TOW	VN			STATE		ZIP CO	DE
1415 WYCKO	FF RD						WALL		NSHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	BLISH	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE			SHMEN	Γ-LEVEL	NAME				
GZ18360								JRHS							
HEADQUARTERS OR ESTABLISHME 403 Richards		EL ADI	DRESS					ITY/TOW				STATE NJ		ZIP CO 0780	
		ON D -	EMP			TIFICA				)				0700	
	5	SECTI	ON E -		210621 OYER	FILING	ELIG	BILIT	Y						
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
SEC	CTION					FOR DE			if applic	able)					
			÷								<b>F</b> 1	1.0			
<b>YES</b> (Single-Establishm															
X YES (E	Ieadqua	rters is 1	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
						INFOR ortation			S						
	SE					DEMO									
		-	-				Race/E			_					
	Hisp or La				M	lale	Not	Hispar	nic or L	atino.	For	nale			-
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				-		or der	ъ	es		c		or der	۲ ۵	es	
JOB CATEGORIES				car		an	an ive	Sac		ica		an	an	Rac	Row
JOB CATEGORIES	e	ale	te	Afri	an	vaii c Is	Indi Nat	re	te	o v	an	vaii c Is	Indi Nat	re	Total
	Male	Female	White	ck or Afric American	Asian	Hav	an ka	ω	White	Black or an Amer	Asian	Hav	an ka	Ř	
		ш	_	Black or African American		r På	nerican Indian Alaska Native	P O		Black or African American		rPa	nerican Indian Alaska Native	ŗ	
				8		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Afı		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
						0						0			
Executive/Senior Level Officials and Managers 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 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 Service Workers	0	0	1 0	0	0	0	0	0	0	0	0	0	0	0	1 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 SECTIO	14			0 E SNAP	0 SHOT		0	0	0	0	0	0	16
	2	BECIN	JN 1 -			2/15/20		FERIO	U						
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI LEVEL									
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID 0292106							EMPL	OYER N							
ADDRESS							C	TY/TOW	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ18382					HEAD	QUARTE		STABLIS	SHMEN	ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
633 Lake Av		ON D -	- EMPI	LOYER	IDEN'	TIFICA		URY P		)		NJ		077	12
	5	SECTIO	ON E -		210621 OYER	680 FILING	G ELIGI	BILIT	Y						
<b>X YES</b> (Employer Is Eligible				•		-					NGER	IN BUS	INESS		
SEC	CTION					OR DE			if applic	able)					
<b>YES</b> (Single-Establishm	ent Emp		÷						nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
						n-Headqu			ments i	s Federa	l Contra	actor)			
		4862	10 - Pi	ipeline 7	<b>Fransp</b>	ortation	of Natu	iral Gas							
	SE	CTION	N H – V	VORKF	ORCE	DEMO									1
	Hisp	anic	1				Race/E	Hispan		atino					-
	or La				N	lale	NOL	пэраг		auno	Fer	nale			-
						L						۲.			
				ç		n or	۲ ۵	ces		an		n or	۲ ۵	ces	
JOB CATEGORIES				rica		iian slaı	dian tive	Ra		eric.		iian slaı	dian tive	Ra	Row
	Male	nale	White	rica	Asian	awa fic I	Na Na	ore	White	Ame o	Asian	awa fic I	n Inc	ore	Total
	Ÿ	Female	Ž	ck or Afric American	As	e Ha	can ska	ž	Ž	Black or an Amer	As	e Ha	can ska	r X	
		_		Black or African American		Native Hawaiian or Other Pacific Islandeı	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				•		Oth Na	An	≩		Ä		Oth Na	An	μ	
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 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 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
	5	SECTIO	ON I –			E SNAP 2/15/20		PERIO	D						
SECTION J No Comments	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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OFS COMPANY ID		BECI		- 121411	LUIL			OYER N	IAME						
0292106							GO C	ORPOF	RATE						
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		077	27
SECTION C – HI	EADOU	ARTE	RS OR	ESTAB	LISH	MENT-I	EVEL	IDENT	'IFICA'	<b>FION</b> (i	fapplic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				101112	HEAD	QUARTE	RS OR E	STABLIS	SHMEN	-LEVEL	NAME				
GZ18402							Ν	AUDE							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
1420 Wycko								WALL				NJ		077	27
	SECTI	ON D -	- EMPI			TIFICA	TION N	JUMBE	R (EIN	)					
	5	SECTI	ON E -		210621 OYER	1680 FILING	G ELIG	BILIT	Y						
<b>X YES</b> (Employer Is Eligible	to File)		(Empl	oyer Is N	lot Elig	gible to F	ïile) 🔲	EMPL	OYER	NO LOI	NGER	IN BUS	INESS		
SEC	CTION					Γ <mark>ΟR DE</mark> UNAVA			if applic	able)					
<b>YES</b> (Single-Establishm	ent Emp		-						nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	leadqua	rters is	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
						n-Headqu			iments i	s Federa	l Contra	actor)			
						INFOR ortation			5						
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	~	Е	5	Black or African American	A	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	5	Black or African American	A	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
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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 Sales Workers	0	0	3	0	0	0	0	0	1 0	0	0	0	0	0	4
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 Laborers and Helpers	2	0	10 0	1 0	0	0	0	0	0	1 0	0	0	0	0	14 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
	5	SECTI	ON I –			E SNAP		PERIO	D						
SECTION J	-HEAI	DOLIAI	RTERS			2/15/20		VEL CO	MME	NTS (on	tional)				
No Comments	1112/11	JQUII		OKLO	INDL				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		uonai)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 304	46-0049
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		SECT	-	-		R IDEN	-								
OFS COMPANY ID		SECI			LUIL	K IDEN		LOYER N	IAME						
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1415 WYCKO	FF RD						WALI		NSHIP			NJ		0772	27
	EADQU	ARTE	RS OR	ESTAF								able)			
					HEAD	QUARTE			SHMENT	I-LEVEL	NAME				
			DECC						UNI			OTATE		710.00	
		EL ADI	JKESS												
		ON D -	- EMP							)					
		SECTI	ON E -				ELIC	IBILIT	v						
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
				-	-										
		Un	ique Er	ntity ID (	<u>UEI)</u> :	UNAVA	ILABLE	=							
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (	Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES (F	Ieadqua	rters is	Federal	Contrac	tor) X	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	actor)		
		X Y	ES (O	ne or M	ore Nor	n-Headqu	uarters I	Establish	nments i	s Federa	l Contra	actor)			
1415 WYCKOFF RD     WALL TOWNSHIP     NJ     07727       SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)       HQ/ESTABLISHMENT-LEVEL UNIT ID     HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME     GZ18468       MANA     MANA     STATE     ZIP CODE       B78 N Main St     MANAHAWKIN     NJ     08050       SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)       210621680     SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN)     210621680       SECTION F - EMPLOYER FILING ELIGIBILITY       X 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 (UE):     UNAVAILABLE     SECTION F - FEDERAL CONTRACTOR)       Y YES (Single-Establishment Employer is Federal Contractor)     YES (Non-Headquarters Establishment is Federal Contractor)       X YES (One or More Non-Headquarters Establishment is Federal Contractor)     SECTION G - NAICS INFORMATION       A88210 - Pipeline Transportation of Natural Gas       SECTION H - WORKFORCE DEMOGRAPHIC DATA       Race/Ethnicity       Hispanic     Not Hispanic or Latino       OTTACTOR Male															
1415 WYCKOFF RD     WALL TOWNSHIP     NJ     07727       SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)       HQ:ESTABLISHMENT-LEVEL UNIT ID     HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME     GZ18468     MANA       HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS     CITY/TOWN     STATE     ZIP CODE       878 N Main St     MANAHAWKIN     NJ     08050       SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)       210621680       SECTION D – 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):     UNAVAILABLE       [] YES (Single-Establishment Employer is Federal Contractor)     [] YES (on or More Non-Headquarters Establishment is Federal Contractor)       [] YES (Headquarters is Federal Contractor) [] YES (Non-Headquarters Establishment is Federal Contractor)     [] YES (on or More Non-Headquarters Establishment is Federal Contractor)       SECTION G – NAICS INFORMATION       486210 - Pipeline Transportation of Natural Gas       SECTION H – WORKFORCE DEMOGRAPHIC DATA       Hispanic       NO CONFRONCE DEMOGRAPHIC DATA															
HQ/ESTABLISHMENT-LEVEL UNIT ID       HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         GZ18468       MANA         HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP CODE         878 N Main St       MANAHAWKIN       NJ       08050         SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680       SECTION E - EMPLOYER FILING ELIGIBILITY         X 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):       UNAVAILABLE         YES (Single-Establishment Employer is Federal Contractor)       XYES (Multi-Establishment Employer is Federal Contractor)         X YES (Indequarters is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         X YES (One or More Non-Headquarters Establishment is Federal Contractor)       SECTION G – NAICS INFORMATION         486210 - Pipeline Transportation of Natural Gas       SECTION H – WORKFORCE DEMOGRAPHIC DATA         Race/Ethnicity         Hispanic       Not Hispanic or Latino         or Latino       Male       Female															
	GZ18468       MANA         HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP CODE         878 N Main St       MANAHAWKIN       NJ       08050         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680       SECTION E – EMPLOYER FILING ELIGIBILITY         X 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):       UNAVAILABLE         YES (Single-Establishment Employer is Federal Contractor)       YES (Multi-Establishment Employer is Federal Contractor)         X YES (Headquarters is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         EXPECTION G – NAICS INFORMATION       486210 - Pipeline Transportation of Natural Gas         SECTION H – WORKFORCE DEMOGRAPHIC DATA         Race/Ethnicity         Hispanic       Not Hispanic or Latino         Or Latino														
	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP CODE         878 N Main St       MANAHAWKIN       NJ       08050         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         X 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):       UNAVAILABLE         YES (Single-Establishment Employer is Federal Contractor)       YES (Multi-Establishment Employer is Federal Contractor)         X YES (Income or More Non-Headquarters Establishment is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         X YES (One or More Non-Headquarters Establishment is Federal Contractor)       X YES (Non-Headquarters Establishment is Federal Contractor)         X YES (One or More Non-Headquarters Establishment is Federal Contractor)       X YES (One or More Non-Headquarters Establishment is Federal Contractor)         X YES (One or More Non-Headquarters Establishment is Federal Contractor)       X YES (One or More Non-Headquarters Establishment is Federal Contractor)         X YES (One or More Non-Headquarters Establishment is Federal Contractor)       X YES (One or More Non-Headquarters Establishment is Federal Contractor)         Y YES (ONE OF DEMOGRAPHIC DATA														_
	GO CORPORATE           ADDRESS         CITV/TOWN         STATE         ZUP CC           1415 WYCKOFF RD         WALL TOWNSHIP         NJ         077.           SECTION C - HEADQUARTERS OR ESTABLISHMENT LEVEL DENTIFICATION (if applicable)         MANA         MANA           OQUARTERS OR ESTABLISHMENT LEVEL DATOR         MANA         NJ         080.           OQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         CITY/TOWN         STATE         ZIP CC           878 N Main St         MANAHAWKIN         NJ         080.           SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)         21062/1680         SECTION E - EMPLOYER IDENTIFICATION NUMBER (EIN)         21062/1680           SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)         Dingue Entity ID (UEI):         UNAVAILABLE         SECTION G - NAICS INFORMATION           SECTION G - NAICS INFORMATION         SECTION G - NAICS INFORMATION         SECTION G - NAICS INFORMATION         Section of Natural Gas           SECTION G - NAICS INFORMATION         SECTION G - NAICS INFORMATION         Section of Natural Gas         Section of Natural Gas           SECTION H - WORKFORCE DEMOGRAPHIC DATA         Section of Natural Gas         Section of Natural Gas         Section of Natural Gas           SECTION H - WORKFORCE DEMOGRAPHIC DATA         Section of Natural Gas         Section of Natural Gas         Section														
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						- 0						- 0			
Executive/Senior Level Officials and Managers			-												0
Professionals	-							-							0
Technicians Sales Workers	-														0
Administrative Support Workers															18
Craft Workers Operatives	0	0	20 0	0	0	0	0	0	0	0	0	0	0	0	20 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 SECTI	29			0 E SNAP	0 SHOT		5	0	0	0	0	0	36
		SECIN	0111-			2/15/20		ILKIU	U						
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI LEVEL									
		SECT	TION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID 0292106							EMPL	OYER N							
ADDRESS							C	TY/TOW	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		077	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID GZ20553					HEAD	QUARTE		STABLIS P <mark>ENAL</mark>	SHMEN	ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME			DRESS					ITY/TOW				STATE		ZIP CC	
835 Hamilton Stree			- EMP	LOYER	IDEN'	TIFICA		LENTO		)		PA		1810	01
				2	2 <mark>1062</mark> 1					,					
<b>X YES</b> (Employer Is Eligible	to File)	🗌 NO	(Empl	oyer Is N	lot Elig	gible to F	ïle) 🗌	EMPL	OYER		NGER	IN BUS	INESS		
SEC	CTION					FOR DE			if applic	able)					
<b>YES</b> (Single-Establishm															
<b>YES</b> (H	leadqua					<b>YES</b> (N n-Headqu		-					actor)		
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JOB CATEGORIES				can		an	an ive	Sac		ical		an	an ive	Raci	Row
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				B		Native Hawaiian or Other Pacific Islander	Am A	Ě		Af		Native Hawaiian or Other Pacific Islande	Am /	Two	
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	1 0	0	0	0	0	0	1 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 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 CURRENT 2024 REPORTING YEAR TOTAL	0	0	0 1	0	0	0	0	0	0	0	0	0	0	0	0 2
	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL				WORK	FORC	E SNAP	SHOT			U	U	0	0	0	2
SECTION J	- HEAI	DOUAI	RTERS			2/15/20 ISHME		VEL CO	MME	NTS (on	tional)				
No Comments		Quin			111012				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( <b>1</b> ) (op	uonui)				

SECTION A - TYPE OF REPORT           ESTABLISHMENT-LEVEL REPORT           SECTION B - EMPLOYER IDENTIFICATION           OPSCOMPARTY ID OBSCOMPARTY ID OSSCOMPARTY ID OSSCOMP	U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049	
IBMPOTER NAME GC CORPORTE           0222106         STATE GC CORPORTE         STATE GC CORPORTE         ZIP CODE (T27)           1415 WYCKOFF RD         WALL TOWNSHIP NJ         NJ         07727           SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL. IDENTIFICATION (Graphicab) HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         STATE CORPORT         2/P CODE NJ           HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         CTTVTOWN         STATE NJ         2/P CODE 0727           SECTION D - EMPLOYER TRUNK THERS OR ESTABLISHMENT LEVEL ADDRESS         CTTVTOWN         STATE NJ         07727           SECTION D - EMPLOYER TRUNK THENG (IN) 2/002/080         SECTION F - EPDERAL CONTRACTON SUBSCISATION OF (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         07727           SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - WORKFORCE DEMOGRATER Exabilishment is Federal Contractor)           SECTION F - VORKFORCE DEMOGRATER Exabilishment Employer is Federal Contractor)         SECTION F - WORKFORCE DEMOGRATER Exabilishment is Federal Contractor)           JOB CATEGORIES         IF SEGME CONTRACTOR MORINATION SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE SANJENDER DETAL SECTION H - WORKFORCE SANJENDE																	
IBMPOTER NAME GC CORPORTE           0222106         STATE GC CORPORTE         STATE GC CORPORTE         ZIP CODE (T27)           1415 WYCKOFF RD         WALL TOWNSHIP NJ         NJ         07727           SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL. IDENTIFICATION (Graphicab) HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         STATE CORPORT         2/P CODE NJ           HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         CTTVTOWN         STATE NJ         2/P CODE 0727           SECTION D - EMPLOYER TRUNK THERS OR ESTABLISHMENT LEVEL ADDRESS         CTTVTOWN         STATE NJ         07727           SECTION D - EMPLOYER TRUNK THENG (IN) 2/002/080         SECTION F - EPDERAL CONTRACTON SUBSCISATION OF (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         07727           SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - FEDERAL CONTRACTOR DESIGNATION (Graphicable) Linkage Entity 1D (LE): UNAVAILABLE         SECTION F - WORKFORCE DEMOGRATER Exabilishment is Federal Contractor)           SECTION F - VORKFORCE DEMOGRATER Exabilishment Employer is Federal Contractor)         SECTION F - WORKFORCE DEMOGRATER Exabilishment is Federal Contractor)           JOB CATEGORIES         IF SEGME CONTRACTOR MORINATION SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE DEMOGRATER CONTACTOR SECTION H - WORKFORCE SANJENDER DETAL SECTION H - WORKFORCE SANJENDE			SECT														
ADDRESS         CITV/TOWN WALL TOWNSHIP         STATE NU         ZIP CODE 07727           SECTION C - IEADQUARTERS OR ESTABLISHINET. LEVEL IDENTIFICATION (if applicable)         07727           HOUSTABLISHMENT-LEVEL ADDRESS         WALLSS           CITV/TOWN         STATE           O2008 Delmar Bird         FARMINGDALE           SECTION D - EMPLOYER IDENTIFICATION NUMBER (IN) 2008 Delmar Bird         STATE           SECTION F - HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS         CITV/TOWN           SECTION F - EMPLOYER TILING ELIGIBILITY         SECTION F - EMPLOYER TILING ELIGIBILITY           SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)         07727           SECTION F - FEDERAL CONTRACTOR DESIGNATION ID ON CORRER IN BUSINESS         SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)           Unique Entity ID (UE)         UNAVAILABLE         []           YES (Employer IS Eligible to File)         NG Enderal Contractor)         []         YES (Mediadaters Establishment Employer is Foderal Contractor)           SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)         []         []         SECTION F - MEDIAGENTER ONTRACTOR           SECTION F - MORKFORCE NORMATION         SECTION F - MORKFORCE STABLISHMENT ELEVEL         []         []         []         []         []         []         []         []         []         []         []			blei			LOIL		EMPL	OYER N								
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SECTION C – HI	EADQU	ARTE	RS OR	ESTAF								able)			
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<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
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	GZ96453       LNGEG         HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP CODE         858 Lakewood Farmingdale Rd       HOWELL       NJ       07731         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         Image: Section F – FEDERAL CONTRACTOR DESIGNATION (if applicable)       Unique Entity ID (UEI):       UNAVAILABLE         SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)         Unique Entity ID (UEI):       UNAVAILABLE         Image: Section S = Gederal Contractor)       YES (Single-Establishment Employer is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         Image: Section G = NAICS INFORMATION       X86210 - Pipeline Transportation of Natural Gas       SECTION H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA <td< td=""><td>1</td></td<>														1
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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 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 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 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
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SECTION C – HI	EADQU	ARTE	RS OR	ESTAF	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applica	able)			
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YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)															
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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 Technicians	0	0	4	0	0	0	0	0	1 0	0	0	0	0	0	5 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers 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
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
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ADDRESS	KOFF RD       WALL TOWNSHIP       NJ       07727         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         NJRMIDTX         IMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP COD         d., NJR Midstream         HOUSTON       TX       77042         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         ble 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): UNAVAILABLE         hment Employer is Federal Contractor)														DDE
1415 WYCKO	ESTABLISHMENT-LEVEL REPORT         SECTION B - EMPLOYER IDENTIFICATION         EMPLOYER NAME         GO CORPORATE         STATE														27
	SS     CITY/TOWN     STATE     ZIP CODE       CKOFF RD     WALL TOWNSHIP     NJ     07727       - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)     HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME     NJRMIDTX       HMENT-LEVEL ADDRESS     CITY/TOWN     STATE     ZIP CODE       rd., NJR Midstream     HOUSTON     TX     77042       SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)     210621680     210621680     SECTION E - EMPLOYER FILING ELIGIBILITY       gible 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):     UNAVAILABLE     State Stablishment is Federal Contractor)       SS (Headquarters is Federal Contractor)     YES (Non-Headquarters Establishment is Federal Contractor)       SS (Headquarters is Federal Contractor)     YES (Non-Headquarters Establishment is Federal Contractor)       SECTION G - NAICS INFORMATION     486210 - Pipeline Transportation of Natural Gas														
HQ/ESTABLISHMENT-LEVEL UNIT ID JG87501															
HEADQUARTERS OR ESTABLISHME	NJRMIDTX         IMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP COL         d., NJR Midstream       HOUSTON       TX       77042         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         ible to File)       EMPLOYER NO LONGER IN BUSINESS         SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI):       UNAVAILABLE														DDE
2500 City West Blvd.,															
				2	210621	680				)					
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
SEC	CTION								if applic	able)					
Unique Entity ID (UEI): UNAVAILABLE YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
<b>YES</b> (Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)															
<b>X YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
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JOB CATEGORIES		-		ica n		iian slar	lian tive	Rac		rice		iian slar	lian tive	Rac	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	1 4	0	0	0	0	0	0	0	0	0	0	0	1 5
Professionals	0	0	4	0	1	0	0	0	1	0	0	0	0	0	6
Technicians 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 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 CURRENT 2024 REPORTING YEAR TOTAL	0	0 1	0 9	0	0 1	0	0	0	0 1	0	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
	S	SECTIO	ON I –			E SNAP		PERIO	D						
SECTION J	– HEAI	DQUAI	RTERS			2/15/20 ISHME		VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
						E OF R					<b>I</b>				
		SECT	FION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID 0292106							EMPL	OYER N							
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	<b>FION</b> (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID JG87853					HEAD(	QUARTE		stablis RAGPC		ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME			ORESS					ITY/TOV				STATE		ZIP CC	DDE
214 Shoemake								TTSTO				PA		1946	64
				2	210621	FIFICA 680 FILINO				)					
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
		F – FE	DERA	L CON	RACT	OR DE	SIGNA	TION (							
	Unique Entity ID (UEI): UNAVAILABLE YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
<ul> <li>YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)</li> <li>X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
YES (One or More Non-Headquarters Establishments is Federal Contractor)           SECTION G – NAICS INFORMATION															
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	or La	atino		1	N	lale	1	1		1	Fer	nale	1		
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JOB CATEGORIES	e	ale	te	Afri	Ę	vaii c Isl	Indi Vati	e R	te	r or	E	vali c Isl	Indi Vati	reR	Total
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		ш.		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				B		Native Hawaiian or Other Pacific Islande	Am A	Ť		Af		Native Hawaiian or Other Pacific Islande	Am 4	Τw	
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 Technicians	0	0	0	0	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 Craft Workers	0	0	0	0	0	0	0	0	1 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 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
	S	SECTIO	ON I –			E SNAP 2/15/20		PERIO	D						
SECTION J	- HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments										-					

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI LEVEL									
		SECT				R IDEN									
OFS COMPANY ID 0292106		blei			2012		EMPL	OYER N							
ADDRESS							C	TY/TOW	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		077	27
SECTION C – HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID JG89701					HEAD	QUARTE		STABLIS ECHO		ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	ORESS				C	TY/TOW	VN			STATE		ZIP CC	DDE
2500 City Wes			EMD	OVED	IDEN							ТХ		7704	42
				2	210621					)					
<b>X YES</b> (Employer Is Eligible						FILING				NO LOI	NGER	IN BUS	INESS		
SEC	Unique Entity ID (UEI): UNAVAILABLE														
<b>YES</b> (Single-Establishm	Unique Entity ID (UEI): UNAVAILABLE ishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
	S (Headquarters is Federal Contractor) 🔀 YES (Non-Headquarters Establishment is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)         SECTION G – NAICS INFORMATION														
	SECTION G - NAICS INFORMATION														
	shment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X 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 Race/Ethnicity Hispanic Not Hispanic or Latino													1	
	SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)         Unique Entity ID (UEI):       UNAVAILABLE         shment Employer is Federal Contractor)       X YES (Multi-Establishment Employer is Federal Contractor)         S (Headquarters is Federal Contractor)       X YES (Non-Headquarters Establishment is Federal Contractor)         S (Headquarters is Federal Contractor)       X 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         Race/Ethnicity         Hispanic       Not Hispanic or Latino         or Latino       Male       Female														-
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JOB CATEGORIES		σ		an	_	uiiar Isla	diar	Ra	-	eric	_	liar Isla	diar ative	Ra	Row Total
	Male	Female	White	r Af erica	Asian	awa ific	u n	lore	White	Black or an Amer	Asian	awa ific	u n N	lore	Total
	Σ	Fer	>	ck or Afric American	Ąŝ	e H	nerican Indian Alaska Native	N	>	Bla	As	e Ha	nerican Indian Alaska Native	or M	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers 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 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 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 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 S	0 SECTIO	1 DN I –	0 WORK	0 FORC	0 E SNAP	0 SHOT	0 PERIO	1 D	0	0	0	0	0	2
						2/15/20									
SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

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		SECT	FION F	B – EMP	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID 0292106	ESTABLISHMENT-LEVEL REPORT         SECTION B – EMPLOYER IDENTIFICATION         EMPLOYER NAME         GO CORPORATE         SS       CITY/TOWN       STATE       ZIP COE         CKOFF RD       WALL TOWNSHIP       NJ       0.07727         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         LRECTAY         SHMENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP COE         OCounty Rd.       TAYLORS VILLE       MS       39166         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)       210621680         SECTION E – EMPLOYER FILING ELIGIBILITY       igible 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): UNAVAILABLE       Iishment Employer is Federal Contractor)       ES YES (One or More Non-Headquarters Establishment is Federal Contractor)       ES YES (One or More Non-Headquarters Establishment is Federal Contractor)       SECTION G – NAICS INFOR														
ADDRESS	OYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION REPORT (EEO-1 COMPONENT 1)         The second														DDE
1415 WYCKO	NFORMATION REPORT (EEO-1 COMPONENT 1)         OMB Control Number: 344-6- Expiration Date: 11/30/202           SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT           SECTION B – EMPLOYER IDENTIFICATION           COFF RD           STATE           COFF RD           COFF RD           MALL TOWNSHIP           STATE           COFF RD           MALL TOWNSHIP           STATE           COFF RD           STATE           COFF RD           STATE           STATE           STATE           STATE           STA														27
	OMB Control Number: 3046- Expiration Date: 11/30/20.         SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT         SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME GO CORPORATE         STATE         STATE         CITY/TOWN WALL TOWNSHIP         NJ         OTTY/TOWN         STATE         CITY/TOWN WALL TOWNSHIP         NJ         OTTY/TOWN         STATE         CITY/TOWN         STATE         KOFF RD         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         LRECTAY         MMENT-LEVEL ADDRESS         CITY/TOWN         STATE         CUTY/TOWN         STATE         CITY/TOWN         STATE         CUTY/TOWN         STATE         SECTION D - EMPLOYER FULING ELIGIBILITY         ible to File)       PMPLOYER NO LONGRER IN BUSINESS         SECTION F - FEDERAL CONTRACTO														
HQ/ESTABLISHMENT-LEVEL UNIT ID	LOYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION REPORT (EEO-1 COMPONENT I)         Revised 08/2023 OMB control Number: 304 Expiration Date: 11/30/2           SECTION A - TYPE OF REPORT         SECTION B - EMPLOYER IDENTIFICATION         OMB control Number: 304 Expiration Date: 11/30/2           SECTION B - EMPLOYER IDENTIFICATION         EMPLOYER NAME         GO CORPORATE           SS         CITY/TOWN         STATE         ZIP COE           XKOFF RD         WALL TOWNSHIP         NJ         07727           HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         ZIP COE           County Rd.         TAYLORSVILLE         MS         39166           SECTION D - EMPLOYER RUNTERS CORPORATION NUMBER (EIN)         210621680         SECTION E - EMPLOYER RUNTER ELING ELIGIBILITY           gible 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):         UNAVAILABLE         SECTION G - MORE NOR NOR HEadquarters Establishment is Federal Contractor)         SY VES (Non-Headquarters Establishment is Federal Contractor)           SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)         Unique Entity ID (UEI):         UNAVAILABLE         IN SUBJECTION C - NICE NOR														
JG89756	LOYMENT OPPORTUNITY COMMISSION (EEOC)       Revised 08/2023         INFORMATION REPORT (EEO-1 COMPONENT 1)       OMB Control Number: 3046         ESTABLISHMENT-LEVEL REPORT       ESTABLISHMENT-LEVEL REPORT         SECTION B – EMPLOYER IDENTIFICATION       EMPLOYER NAME         GO CORPORATE       STATE       ZIP COD         KOFF RD       WALL TOWNSHIP       NJ       07727         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)       HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME       LRECTAY         MENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP COD         County Rd.       TAYLORSVILLE       MS       39166         SECTION D – EMPLOYER FILING ELIGIBILITY       ible to File)       NO (Employer Is Not Eligible to File)       EMPLOYER NO LONGER IN BUSINESS         SECTION F – EMPLOYER FILING ELIGIBILITY       ible 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):       UNAVAILABLE       shment Employer is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)       S YES (One or More Non-Headquarters Establishment is Federal Contractor)       S YES (One or More Non-Headquarters Establishment is Federal Contractor)       S YES (One or More Non-Headquarters Establishment is Federal Contractor)       S YES (One or More Non-Headquarters Establishm														
HEADQUARTERS OR ESTABLISHME 855 Smith Cou			DRESS												
	SECTI	ON D -	- EMPI				TION N	NUMBE	CR (EIN	[)			L		
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
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	Unique Entity ID (UEI): UNAVAILABLE														
<b>YES</b> (Single-Establishm	ngle-Establishment Employer is Federal Contractor) 🔀 YES (Multi-Establishment Employer is Federal Contractor)														
<b>YES</b> (Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)															
<b>X YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)															
	SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas														
	XES (One or More Non-Headquarters Establishments is Federal Contractor)         SECTION G - NAICS INFORMATION         486210 - Pipeline Transportation of Natural Gas         SECTION H - WORKFORCE DEMOGRAPHIC DATA														
	X 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         Race/Ethnicity														_
					N	lale	Not	Hispar	nic or L	.atino	Fer	nale			
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals															0
Technicians Sales Workers	0	0	3 0	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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 SECTI	10	1 WORK		0 E SNAP	0 SHOT		1	0	0	0	0	0	12
	L	SECTI	5111-			2/15/20		ILKIU	U						
SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI LEVEL					1				
		SECT				R IDEN									
OFS COMPANY ID 0292106		blei					EMPL	OYER N							
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		<b>NSHIP</b>			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	LISH	MENT-I	LEVEL	IDENT	IFICA	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE				Γ-LEVEL	NAME				
JG89780							NJ	RAGM	С						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
6849 Del Have	n Road	1					E	BANGO	R			PA		1801	13
				2	210621					)	•				
X YES (Employer Is Eligible						FILING				NO LOI	NGER	IN BUS	INESS		
			_	-	-	FOR DE									
						UNAVA			n uppne	(4010)					
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
	S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
	X       YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	SECTION G - NAICS INFORMATION														
	<b>X</b> YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	X 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         Race/Ethnicity														
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	~	Fe	5	Black or African American	A	e H Pac	nerican Indian Alaska Native	or P	5	Bla	◄	e H Pac	nerican Indian Alaska Native	or N	
				Bla		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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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 Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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 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
	5	SECTIO	ON I –			E SNAP		PERIO	D						
SECTION J	- HFAI		TER			2/15/20		VFL CO	MMF	NTS (on	tional)				
No Comments	1112/11	QUII		JON LD	INDL				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(op	uonai)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30-	46-0049
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		SECT				R IDEN									
OFS COMPANY ID 0292106		blei			LUIL		EMPL	OYER N							
ADDRESS								TTY/TOV				STATE		ZIP CC	DE
1415 WYCKO									-			NJ		0772	27
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	HEAD	MENT-I	LEVEL	IDENT	IFICA'	TION (i	f applica	able)			
JG89800					IILAD	ZUARIE				I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME								TY/TOW				STATE		ZIP CC	
214 Shoemaker Road,				OVED	IDEN			TTSTO		D		PA		1946	54
				2	210621					)					
<b>X YES</b> (Employer Is Eligible						FILINC tible to F				NO LOI	NGER	IN BUS	INESS		
		F – FE	DERA	L CON	RACT	FOR DE	SIGNA	TION (							
<b>YES</b> (Single-Establishm	ent Emn		÷			UNAVA			oent Fm	nlover is	Federa	l Contra	ctor)		
<ul> <li>X YES (Headquarters is Federal Contractor)</li> <li>X YES (One or More Non-Headquarters Establishments is Federal Contractor)</li> </ul>															
	SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas														
	SE					DEMO									
			I				Race/E								
	Hisp or La				N	lale	Not	Hispar	nic or L	atino.	Fer	nale			1
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JOB CATEGORIES		Ð		Black or African American	_	liar	nerican Indian Alaska Native	Ra		or eric	_	liar Isla	nerican Indian Alaska Native	Ra	Row Total
	Male	Female	White	eric:	Asian	awa ific	u lu N	lore	White	Black or an Amer	Asian	awa	a N N	lore	Total
	2	Fe	3	ck or Afric American	Ä	e H Pac	rica	or N	3	Bla	Ä	e H Pac	rica ask	_⊃	
				Bla		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
						2 g	4	-		-		~ §	4		
Executive/Senior Level Officials and Managers 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 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 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 CURRENT 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CORRENT 2024 REPORTING TEAR TOTAL	U	U	3	U	0	U	U	U	0	U	U	U	U	, , , , , , , , , , , , , , , , , , ,	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0 ECTU	3			0 E SNAP			0	0	0	0	0	0	3
	c.	BECIN	5111-			2/15/20		EKIU	D						
SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	Revised ontrol Nu		46-0049
						E OF R					1				
		SECT	-	-		R IDEN	-								
OFS COMPANY ID 0292106		DEC.	110112	) — 191712	LUIL		EMPL	OYER N							
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		NSHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID KW97642					HEAD	QUARTE		RAGM		r-level	NAME				
HEADQUARTERS OR ESTABLISHME 1111 WestRidge Road								ity/tov I <mark>NWOC</mark>				STATE PA		ZIP CC 1906	
	SECTI	ON D -	- EMP		IDEN 210621	FIFICA	TION N	JUMBE	CR (EIN	)					
<b>X YES</b> (Employer Is Eligible				- EMPL	OYER	FILING				NO LOI	NGER	IN BUSI	INESS		
				-		OR DE					(olin)				
		Un	ique Er	ntity ID (	<u>UEI)</u> :	UNAVA	ILABLE								
<b>YES</b> (Single-Establishm	<ul> <li>YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)</li> <li>X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>														
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION															
	SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas														
	SE					DEMO									_
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	Hisp or La				N	lale	Not	Hispar	nic or L	atino	Fer	nale			-
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JOB CATEGORIES				rica n		iian slar	lian tive	Rac		r erice		iian slar	lian tive	Rac	Row
	Male	nale	White	. Afr	Asian	iwai fic la	Na	ore	White	k o Ame	Asian	ficto	Na	ore	Total
	Ň	Female	۲×	ck or Afric American	Asi	e Ha	nerican Indian Alaska Native	Ň	Ž	Black or an Amer	As	e Ha	nerican Indian Alaska Native	Ň	
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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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 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 Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 1
Operatives 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 E CNA D	0 SHOT	0	0	0	0	0	0	0	5
	2	SECTIO	UNI-			E SNAP 2/15/20		PERIO	D						
SECTION J	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				
No Comments															

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT				R IDEN									
OFS COMPANY ID		SECI		) — <u>E</u> lvii	LUIL			.OYER N	IAME						
0292106							GO C	ORPOF	RATE						
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		077	27
SECTION C – HI	EADOU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	'IFICA'	<b>FION</b> (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	<u> </u>				HEAD	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
KW99365							NJ	RAGSA	٨L						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
55 Cressman	Road						Т	ELFOR	RD.			PA		189	69
	SECTI	ON D -	- EMPI		IDEN' 210621	TIFICA 1680	TION N	NUMBE	CR (EIN	)					
<b>X YES</b> (Employer Is Eligible						FILING					NCFR	IN RUS	INFSS		
				•		FOR DE	·				ULK				
SEC						Not App			n appire	able)					
<b>YES</b> (Single-Establishm	ent Emp		-	-					nent Em	plover is	Federa	l Contra	ctor)		
X YES (H	-	-													
TES (F	ieadqua							-					actor)		
						n-Headqu			nments i	s Federa	l Contra	actor)			
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	or La	atino			IV	lale	r –	r –		<u> </u>	Fer	nale			-
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JOB CATEGORIES	-	e	e	vfric	c	aiia	ndia lati	e R	e	or	۲	aiia SISI	ndia lati	e R	Total
	Male	Female	White	or A eric	Asian	law	a l N	Mor	White	Black or an Amer	Asian	lav	a h a N	Mor	
	~	Fe	5	Black or African American	◄	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	5	Black or African American	A	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				Bla		ativ	A	٥,		Afri		ativ	A	Ň	
						z₹	◄	F -				zÂ	4	Ĥ	
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 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 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
	5	SECTIO	ON I –			E SNAP 2/15/20		PERIO	D						
SECTION J No Comments	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT	TION E	B – EMF	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID 0292106					2012		EMPL	OYER N							
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISH	MENT-I	LEVEL	IDENT	IFICA	<b>ΓΙΟΝ</b> (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE			SHMENT	Γ-LEVEL	NAME				
L256760								ROCK							
HEADQUARTERS OR ESTABLISHME		'EL ADI	DRESS					ITY/TOV				STATE		ZIP CC	
201 Round Hi	I Drive						RC	OCKAW	'AY			NJ		0786	66
					210621					)					
						FILING							DIEGO		
YES (Employer Is Eligible				•							NGER	IN BUS	INESS		
SEC	CTION					OR DE			if applic	able)					
VEC (Single Established	<b>F</b>		÷								<b>F</b> . 1	1 Canta	- 4		
<ul> <li>YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)</li> <li>X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
<b>X YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas															
	SE					ortation DEMO									
	SE	CHO	<u>ч н - v</u>	VUKKI	UKCE		Race/E								1
	Hisp	anic						Hispar		atino					-
	or La				N	lale					Fer	nale			
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JOB CATEGORIES				n ica		iian slaı	tive	Ra		ric		iiar slaı	lian tive	Ra	Row
	Male	Jale	White	Afi	Asian	wa fic I	Na Na	ore	White	k o Me	Asian	wa	Na Na	ore	Total
	Ma	Female	Ň	ck or Afric American	Asi	Ha	can ska	Ĕ	Ŵ	Black or an Amer	Asi	Ha acif	can ska	Ň.	
		-		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
				B		Nat	Am /	Ň		Af		Nat	Am /	Ň	
						0		-				0		-	
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 Professionals	0	0	1 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 Administrative Support Workers	0	0	1 8	1	0	0	0	0	0	0	0	0	0	0	2 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 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
FRIOR 2023 REFORTING TEAR TOTAL						E SNAP					, and a second s	Ŭ	v	•	00
						2/15/20									
SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2024 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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OFS COMPANY ID 0292106		blei			LUIL		EMPL	OYER N							
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
1415 WYCKO	FF RD						WALL		SHIP			NJ		0772	27
SECTION C – HI	ADQU	ARTE	RS OR	ESTAE	BLISH	MENT-I	LEVEL	IDENT	IFICA'	<b>FION</b> (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID PI89822					HEAD	QUARTE		STABLIS ETYTO		F-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NTIEV		DESS									STATE		ZIP CC	DE
401 Fairfield			ML35					REEHO				NJ		0772	
	SECTI	ON D -	- EMPI		IDEN 210621	TIFICA 1680	TION N	IUMBE	R (EIN	)					
<b>X YES</b> (Employer Is Eligible						FILING				NO LOI	NGER	IN BUS	INESS		
				•		FOR DE									
	Unique Entity ID (UEI): UNAVAILABLE shment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
X YES (H	S (Headquarters is Federal Contractor) 🔀 YES (Non-Headquarters Establishment is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)     SECTION G – NAICS INFORMATION														
	SECTION G - NAICS INFORMATION														
	<b>X YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)													I	
	<ul> <li>S (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> <li>X YES (One or More Non-Headquarters Establishments is Federal Contractor)</li> <li>SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas</li> </ul>														_
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						L						L			
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JOB CATEGORIES		ø		rice an		liar Isla	diar	Ra		eric		liar Isla	diar tive	Ra	Row Total
	Male	Female	White	r Af	Asian	awa ific	u n	ore	White	Black or an Amer	Asian	awa ific	n n S	ore	TOLAI
	Σ	Fei	>	ck or Afric American	As	e H	nerican Indian Alaska Native	N	>	Bla	Ϋ́ε	e H	nerican Indian Alaska Native	N	
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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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 Professionals	0 1	0	2	0	0	0	0	0	0	0	0	0	0	0	2 7
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 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 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
		0	6	0	0	0	0	0	1	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	1		ON L -	WORK	FORC	E SNAP		PERIO	D			1			1
PRIOR 2023 REPORTING YEAR TOTAL		SECTIO	JN1-		024 1	2/15/20	127								
SECTION J	S			12/2/2		2/15/20 ISHME		VEL CO	OMME	NTS (op	tional)				
	S			12/2/2				VEL CO	OMME	NTS (op	tional)				
SECTION J	S			12/2/2				VEL CO	OMME	NTS (op	tional)				
SECTION J	S			12/2/2				VEL CO	DMME	NTS (op	tional)				
SECTION J	S			12/2/2				VEL CO	DMME	NTS (op	tional)				
SECTION J	S			12/2/2				VEL CO	DMME	NTS (op	tional)				

2024 EMPLOYER IN												OMB C	Revised ontrol Nu	08/2023 mber: 30	46-0049
								-				Expir	ration Dat	e: 11/30	2026
			ESTA	BLISH	/ENT-I	EVEL	REPOF	RT							
OFS COMPANY ID	KOFF RD         WALL TOWNSHIP         NJ         07727           HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRETAIL         NJ         07727           HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NJRETAIL         STATE         ZIP CODE           NJ         07727           SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         07727           Bet TOIN F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE         EMPLOYER NO LONGER IN BUSINESS           SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE         SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas           SECTION H – WORKFORCE DEMOGRAPHIC DATA         SECTION H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA           Image: Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA           Image: Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA           Image: Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA           Image: Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA         Section H – WORKFORCE DEMOGRAPHIC DATA														
0292106															
ADDRESS															
1415 WYCKC															27
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID															
QB86970	OYMENT OPPORTUNITY COMMISSION (EEOC)       Revised 08/2023         NFORMATION REPORT (EEO-1 COMPONENT I)       OMB Control Number: 3046- Expiration Date: 11/30/20         SECTION A - TYPE OF REPORT       ESTABLISHMENT-LEVEL REPORT         SECTION B - EMPLOYER IDENTIFICATION       EMPLOYER NAME         GO CORPORATE       CITY/TOWN         STATE       ZIP CODE         KOFF RD       WALL TOWNSHIP         NJ       07727         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)         HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME         NJRRETAIL         MENT-LEVEL ADDRESS       CITY/TOWN         STATE       ZIP CODE         If Rd, Retail       WALL       NJ         MENT-LEVEL ADDRESS       CITY/TOWN       STATE         SECTION D - EMPLOYER FILING ELIGIBILITY       Not Employer Is Not Eligible to File)       MALL ONLOGER IN BUSINESS         SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)       Unique Entity ID (UEI): UNAVAILABLE       Hunent Employer is Federal Contractor)         Meadeuarters is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)       SECTION G - NAICS INFORMATION         486														
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADDRESS       CITY/TOWN       STATE       ZIP CODE         Rd, Retail       WALL       NJ       07727         SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)         210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         ole to File)         MPLOYER FILING ELIGIBILITY         OCCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
1415 Wyckoff R			- EMPI	LOYER	IDEN	FIFICA	TION N		R (EIN	)		NJ		0773	27
		SECTU	ON F -				ELIC	IBII ITY	v						
<b>X YES</b> (Employer Is Eligible										NO LOI	NGER	IN BUS	INESS		
		F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	TION (							
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<ul> <li>YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)</li> <li>X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
SECTION G - NAICS INFORMATION															
SECTION G – NAICS INFORMATION 486210 - Pipeline Transportation of Natural Gas															
	SE	CTION	N H – V	VORKF	ORCE										
	Unique Entity ID (UEI):       UNAVAILABLE         ishment Employer is Federal Contractor)       YES (Multi-Establishment Employer is Federal Contractor)         ES (Headquarters is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         ES (Headquarters is Federal Contractor)       YES (Non-Headquarters Establishment is Federal Contractor)         ES (Headquarters is Federal Contractor)       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       Race/Ethnicity         Hispanic       Not Hispanic or Latino														
	or La	atino			M	ale					Fer	nale			
	210621680         SECTION E – EMPLOYER FILING ELIGIBILITY         gible 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):       UNAVAILABLE         tishment Employer is Federal Contractor)         SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)         Unique Entity ID (UEI):       UNAVAILABLE         tishment Employer is Federal Contractor)         SECTION G - ONTRACTOR DESIGNATION (if applicable)         Unique Entity ID (UEI):       UNAVAILABLE         Isishment Employer is Federal Contractor)         SEC (Headquarters Is Federal Contractor)         SECTION G – NAICS INFORMATION         486210 - Pipeline Transportation of Natural Gas         SECTION H – WORKFORCE DEMOGRAPHIC DATA         Race/Ethnicity         Hispanic         ON Hispanic or Latino         ON Hale														
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JOB CATEGORIES			0	- <u>10</u>	<b>_</b>		ž Ž	<u>e</u>	e	υĔ	L R	<u> </u>	<u> </u>	re	Total
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JOB CATEGORIES	Male	Female	White	ack or A Americ	Asiaı	ve Haw Pacific	erican I laska I	or Mo	Whit	Blach Ican Al	Asia	ve Haw Pacifio	erican lı laska N	or Mo	
JOB CATEGORIES	Male	Female	White	Black or A Americ	Asia	Native Haw Other Pacific	American I Alaska I	Two or Mo	Whi	Blach African A	Asia	Native Haw Other Pacifi	American I Alaska N	Two or Mo	
JOB CATEGORIES	Male	Female	White	<ul> <li>Black or A</li> <li>Americ</li> </ul>	o	<ul> <li>Native Haw</li> <li>Other Pacific</li> </ul>	0 American I Alaska M	0 Two or Mo	0	0 Blach African Al	ASia	<ul> <li>Native Haw</li> <li>Other Pacifi</li> </ul>	0 American I Alaska N	0 Two or Mo	0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 0	0	0	 0	0	0 0	0	0	0	0	0 0	0	0	0	0
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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 2024 REPORTING YEAR TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
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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								
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		SECT				R IDEN												
OFS COMPANY ID 0292106		blei			LUIL		EMPL	OYER N										
ADDRESS												STATE		ZIP CC	DE			
1415 WYCKO	FF RD						WALL		SHIP			NJ 07727						
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	'IFICA'	<b>FION</b> (i	f applica	able)						
HQ/ESTABLISHMENT-LEVEL UNIT ID QB86988					HEAD	QUARTE		STABLIS ALLGO		Γ-LEVEL	NAME							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADI	DRESS					TY/TOV				STATE	ZIP CODE					
1415 Wyckoff R								WALL				NJ		07727				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680																		
<b>X YES</b> (Employer Is Eligible						FILING					NCFR	IN RUS	INFSS					
				•		OR DE					IGEN	IN DUS	11255					
		Un	ique Er	tity ID (	<u>UEI)</u> :	UNAVA	ILABLE											
<b>YES</b> (Single-Establishm																		
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)																		
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 Race/Ethnicity																		
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	or La	atino		r	N	lale	1	1		Female								
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				Bi		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islande	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			
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
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 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 CURRENT 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CORRENT 2024 REPORTING TEAR TOTAL	0	0	U	0	0	0	0	0	0	0	0	0	0	0	U			
PRIOR 2023 REPORTING YEAR TOTAL	0	0 SECTIO	4 ON I –	0 WORK	1 FORC	1 E SNAP	0 SHOT	0 PERIO	0 D	0	0	0	0	0	6			
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SECTION J No Comments	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)							

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								
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		SECT				R IDEN													
OFS COMPANY ID 0292106		blei					EMPL	OYER N											
ADDRESS								TY/TOV				STATE		ZIP CC	DE				
1415 WYCKO	FF RD						WALL	TOW	SHIP			NJ 07727							
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE				Γ-LEVEL	NAME								
QB86997								LNJNG											
HEADQUARTERS OR ESTABLISHME 1415 Wyckoff R			DRESS				C	TY/TOW	VN			STATEZIP CODENJ07727							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680																			
				- EMPL	OYER	FILING							DIEGO						
YES (Employer Is Eligible				•							NGER	IN BUS	INESS						
SEC	TION					FOR DE			if applic	able)									
<b>YES</b> (Single-Establishm	ent Emp		÷						nent Em	ployer is	Federa	l Contra	ctor)						
X YES (H	Ieadqua	rters is 1	Federal	Contrac	tor) X	YES (N	Jon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)						
<b>X YES</b> (One or More Non-Headquarters Establishments is Federal Contractor) <b>SECTION G – NAICS INFORMATION</b>																			
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486210 - Pipeline Transportation of Natural Gas           SECTION H – WORKFORCE DEMOGRAPHIC DATA																			
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JOB CATEGORIES				rica in		iian slar	dian	Rai		eric:		iian slaı	dian	Rai	Row				
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races					
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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 Professionals	0	0	0	0	1 0	0	0	0	0	0	0	0	0	0	1 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 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				
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				
	S	SECTIO	ON I –			E SNAP		PERIO	D		l								
SECTION J	– HEAI	DOUAI	RTERS			2/15/20 ISHME		VEL CO	OMME	NTS (op	tional)								
No Comments		<b>C</b> -				-					,								

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												
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OFS COMPANY ID		<u>bhei</u>		. 121/11	LUIL		EMPL	OYER N														
0292106							GO CO	ORPOF	RATE													
ADDRESS							Cl	ITY/TOW	VN			STATE ZIP CODE										
1415 WYCKO	FF RD						WALL		SHIP			NJ 07727										
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	<b>FION</b> (i	f applica	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												1E								
QB91610		NJRRETAIL																				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	'EL ADI	DRESS				Cl	ITY/TOW	VN			STATE		ZIP CC	DDE							
1415 Wyckoff Rd,	NJR Re	ətail						WALL				NJ		0772	27							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680																						
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																						
				•		OR DE																
						UNAVA			n uppne	uoie)												
<b>YES</b> (Single-Establishm	ent Emp	loyer is	Federa	l Contrad	ctor) 🔀	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)									
<ul> <li>YES (Headquarters is Federal Contractor)</li> <li>YES (Non-Headquarters Establishment is Federal Contractor)</li> <li>YES (One or More Non-Headquarters Establishments is Federal Contractor)</li> </ul>																						
						INFOR ortation																
	SE					DEMO																
	Race/Ethnicity																					
	Hisp				_		Not	Hispar	nic or L	atino	Female											
	or La	atino		r –	IV	lale	1				Fer											
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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	ZIP CODE 07727 ZIP CODE 07727 ESS r) or Wore Kases Australia Austr								
Professionals	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							
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Sales Workers Administrative Support Workers	0	0         0								0	0	0	0	0								
Administrative Support Workers Craft Workers	0																					
Administrative Support Workers Craft Workers Operatives	0 0 0	0	0	0	0	0	0	0	0	0	0	0			0							
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Administrative Support Workers Craft Workers Operatives Laborers and Helpers	0 0 0 0	0 0 0	0	0	0	0	0	0	0	0	0	0	0	0								
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers	0 0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0	0 0 0	0							
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0	0 0 0 0 WORK	0 0 0 50RC	0 0 0 0 E SNAP	0 0 0 0 SHOT 1	0 0 0 0	0 0 0 0 3	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0							
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL	0 0 0 0 0 0	0 0 0 0 SECTIO	0 0 0 1 <b>DN I –</b>	0 0 0 0 WORK 12/2/2	0 0 0 <b>FORC</b> 024 - 1	0 0 0 0 E SNAP 2/15/20	0 0 0 0 SHOT 1 24	0 0 0 0 PERIO	0 0 0 3 D	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0							
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Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL SECTION J	0 0 0 0 0 0	0 0 0 0 SECTIO	0 0 0 1 <b>DN I –</b>	0 0 0 0 WORK 12/2/2	0 0 0 <b>FORC</b> 024 - 1	0 0 0 0 E SNAP 2/15/20	0 0 0 0 SHOT 1 24	0 0 0 0 PERIO	0 0 0 3 D	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0							
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL SECTION J	0 0 0 0 0 0	0 0 0 0 SECTIO	0 0 0 1 <b>DN I –</b>	0 0 0 0 WORK 12/2/2	0 0 0 <b>FORC</b> 024 - 1	0 0 0 0 E SNAP 2/15/20	0 0 0 0 SHOT 1 24	0 0 0 0 PERIO	0 0 0 3 D	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0							
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL SECTION J	0 0 0 0 0 0	0 0 0 0 SECTIO	0 0 0 1 <b>DN I –</b>	0 0 0 0 WORK 12/2/2	0 0 0 <b>FORC</b> 024 - 1	0 0 0 0 E SNAP 2/15/20	0 0 0 0 SHOT 1 24	0 0 0 0 PERIO	0 0 0 3 D	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0							
Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL SECTION J	0 0 0 0 0 0	0 0 0 0 SECTIO	0 0 0 1 <b>DN I –</b>	0 0 0 0 WORK 12/2/2	0 0 0 <b>FORC</b> 024 - 1	0 0 0 0 E SNAP 2/15/20	0 0 0 0 SHOT 1 24	0 0 0 0 PERIO	0 0 0 3 D	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0 0	0							
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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											OMB C	COC Standard Form 100 (SF 100) Revised 08/2023 MB Control Number: 3046-0049 Expiration Date: 11/30/2026							
				FION A															
		SECT		B – EMF															
OFS COMPANY ID		5201			2012		EMPI	LOYER N											
0292106							GO C	ORPOF	RATE										
ADDRESS								ITY/TOV				STATE		ZIP CO					
1415 WYCKO												NJ 07727							
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE	BLISH	MENT-I	LEVEL	<b>IDENT</b>	IFICA'	TION (i	f applica	able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID QB91628					HEAD	QUARTE		ALLGO		I-LEVEL	. NAME								
HEADQUARTERS OR ESTABLISHME			DECC									OTATE		710.00	NDE				
1415 Wyckoff Rd,												STATE NJ		ZIP CODE 07727					
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 210621680																			
				- EMPL	OYER	FILING							DUEGG						
<b>X YES</b> (Employer Is Eligible			_	-							NGER	IN BUS	INESS						
SEC	CTION			L CON tity ID (					if applic	able)									
<b>VFS</b> (Single-Establishm	ent Emr		-	<i>.</i>	é	-			oent Em	nlover is	Eedera	l Contra	ctor)						
<ul> <li>YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)</li> <li>X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>																			
YES (F	leadqua							-					actor)						
	<b>YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)																		
				DNG-1					-										
486210 - Pipeline Transportation of Natural Gas SECTION H – WORKFORCE DEMOGRAPHIC DATA																			
Race/Ethnicity																			
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Executive/Senior Level Officials and Managers 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 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 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				
	5	SECTIO	ON I –	WORK				PERIO	D										
SECTION I	TIE A		DTED			2/15/20			MME	NTC (	4°1)								
SECTION J No Comments Provided	- HEA	DQUAI	KIEK	S OK ES	IABL	ISHME	NI-LE	VEL CU	JNINE	<b>N 1 5</b> (op	nonai)								