

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
R065054

EMPLOYER NAME

BCFW 99000 FLORENCE BUILDING NJ

ADDRESS

2006 ROUTE 130 NORTH

CITY/TOWN

BURLINGTON

STATE

NJ

ZIP CODE

08016

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

221970303

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

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

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

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

SECTION G – NAICS INFORMATION

458110 - Clothing and Clothing Accessories Retailers

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	1	34	2	3	0	2	1	17	3	4	0	0	0	67
First/Mid-Level Officials and Managers	140	122	435	65	59	4	2	22	650	71	53	1	2	26	1652
Professionals	44	96	245	42	57	1	2	11	520	93	75	2	1	20	1209
Technicians	3441	16116	1967	2732	576	44	74	495	8268	12624	1962	212	362	1878	50751
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1156	627	579	1287	161	20	34	187	439	703	136	5	23	82	5439
Craft Workers	74	8	41	25	1	1	1	0	6	0	0	0	0	2	159
Operatives	316	144	47	98	18	2	3	20	7	0	0	23	2	6	686
Laborers and Helpers	4031	11954	1499	3665	481	43	101	518	2951	4653	1111	96	171	719	31993
Service Workers	27	23	8	0	0	27	3	2	2	23	1	0	1	5	122
CURRENT 2024 REPORTING YEAR TOTAL	9229	29091	4855	7916	1356	142	222	1256	12860	18170	3342	339	562	2738	92078
PRIOR 2023 REPORTING YEAR TOTAL	8457	25385	4696	6838	1266	95	198	845	12349	16600	3065	346	553	1885	82578

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/6/2024 - 10/19/2024

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
R065054

EMPLOYER NAME

BCFW 99000 FLORENCE BUILDING NJ

ADDRESS

2006 ROUTE 130 NORTH

CITY/TOWN

BURLINGTON

STATE

NJ

ZIP CODE

08016

CERTIFICATION COMMENTS (optional)

No Certification Comments

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

6/12/2025 12:13 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Elizabeth Gloviak

Title of Certifying Official

Senior Systems Analyst

Email Address of Certifying Official

elizabeth.gloviak@burlington.com

Telephone Number of Certifying Official

609-387-7800

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

Name of Primary POC

Elizabeth Gloviak

Title and Employer of Primary POC

Senior Systems Analyst
BCFW 99000 FLORENCE BUILDING NJ

Email Address of Primary POC

elizabeth.gloviak@burlington.com

Telephone Number of Primary POC

609-387-7800