

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 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	33	1	3	0	0	1	20	2	4	0	0	0	65
First/Mid-Level Officials and Managers	133	109	411	56	52	3	1	14	606	69	51	1	3	18	1527
Professionals	43	89	230	47	59	0	2	10	525	104	72	2	1	17	1201
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3351	14066	1984	2712	534	40	77	367	7892	11593	1821	223	352	1324	46336
Administrative Support Workers	852	614	431	868	127	15	17	83	426	535	131	7	21	60	4187
Craft Workers	73	1	39	21	3	0	3	7	0	0	0	0	0	1	148
Operatives	321	122	47	98	13	1	2	18	10	16	0	0	1	2	651
Laborers and Helpers	3656	10342	1517	3005	472	36	96	341	2866	4254	985	112	175	460	28317
Service Workers	28	41	4	30	3	0	0	4	4	27	1	1	0	3	146
CURRENT 2023 REPORTING YEAR TOTAL	8457	25385	4696	6838	1266	95	198	845	12349	16600	3065	346	553	1885	82578
PRIOR 2022 REPORTING YEAR TOTAL	5953	18983	3813	5104	940	74	120	610	10513	14145	2565	260	435	1524	65039

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/14/2023

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

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

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

DATE OF CERTIFICATION

6/4/2024 2:49 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Michele Yoder

Title of Certifying Official

HRIS Analyst

Email Address of Certifying Official

michele.yoder@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

Michele Yoder

Title and Employer of Primary POC

HRIS Analyst
Burlington

Email Address of Primary POC

michele.yoder@burlington.com

Telephone Number of Primary POC

609-387-7800