

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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	32	2	2	0	0	0	18	2	3	0	0	0	60
First/Mid-Level Officials and Managers	74	51	375	38	35	2	0	9	543	48	43	0	2	15	1235
Professionals	36	86	201	32	51	0	1	9	498	97	54	2	0	22	1089
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2239	10797	1522	1964	356	25	40	245	6647	9907	1502	173	286	1045	36748
Administrative Support Workers	792	672	518	876	126	13	15	88	575	769	132	9	17	77	4679
Craft Workers	58	3	46	26	2	0	1	4	1	2	0	0	0	2	145
Operatives	320	163	52	91	21	0	3	16	15	20	9	1	1	0	712
Laborers and Helpers	2408	7171	1062	2039	346	34	60	233	2215	3284	821	74	129	362	20238
Service Workers	26	39	5	36	1	0	0	6	1	16	1	1	0	1	133
CURRENT 2022 REPORTING YEAR TOTAL	5953	18983	3813	5104	940	74	120	610	10513	14145	2565	260	435	1524	65039
PRIOR 2021 REPORTING YEAR TOTAL	7048	22127	4164	6100	1064	84	149	710	11659	16953	2758	324	519	1952	75611
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/2/2022 - 10/15/2022															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 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 Provided				
CERTIFICATION STATEMENT <i>"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 11/30/2023 1:59 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		